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KENT COUNTY COUNCIL.

EDUCATION COMMITTEE.

ANNUAL REPORT

OF THE

SCHOOL MEDICAL OFFICER,

For the Year 1913,

BY

ALFRED GREENWOOD, M.D., B.Sc., D.P.H.
(Barrister-at-Law),

School Medical Officer.

Maidstone :
PRINTED BY YOUNG & COOPER, 72, BANK STREET.

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KENT COUNTY COUNCIL.

EDUCATION COMMITTEE, February, 1914.

*Mr. W. W. Berry, Chairman.

*Mr. O. E. d'Avigdor Goldsmid, Vice-Chairman.

Baker, A. J.
*Barker, W. Cobbett
*Brown, Sydney
*Collet, Sir Mark E., Bart.
*Cornwallis, F. S. W. (Chairman of the County Council)
*Darnley, The Right Hon. The Earl of
*Donnelly, James
Edgar, C. B.
Evans, J., M.A.
*Galpin, The Rev. Canon A. J., D.D.,
Hannen, The Hon. H. A.
*Hedges, A. P.
*Hussey, E. W. (*ex officio* Vice-Chairman of the County Council)
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*Mitchell, J. Lawrence
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Sladen, Col.
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*Vaughan, E.
Vinson, A.
*Wakeley, R. M.
*Watts, H. T.
*Wigan, Miss E. J.
*Wilford, J.
Williams, Col. C. S.

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* Indicates that the Member belongs to the Elementary Education Sub-Committee. This Sub-Committee is responsible for carrying out the work of medical inspection.

DEPARTMENT OF THE COUNTY MEDICAL OFFICER,
SESSIONS HOUSE,
MAIDSTONE,
January 26th, 1914.

To the Chairman and Members of the Kent Education Committee.

MY LORDS, LADIES AND GENTLEMEN,

I have the honour to submit herewith my First Annual Report upon the work of medical inspection of school children in the County of Kent.

This Report indicates the record of such work for the year ending December 31st, 1913.

I desire to express my sincere appreciation of the encouragement and support which you have always given to me. I wish also to acknowledge the loyal and valuable assistance which I have received from the members of my staff, and especially from Dr. Fox, throughout the year.

I am, my Lords, Ladies and Gentlemen,
Your obedient servant,
ALFRED GREENWOOD,
School Medical Officer.

KENT EDUCATION COMMITTEE.

Report of the School Medical Officer

ON THE

Medical Inspection of School Children,

For the Year ended December 31st, 1913.

This report contains a survey of the work carried out during the year 1913, and is submitted in accordance with the requirements of the Board of Education.

ADMINISTRATIVE DETAILS.

The following administrative details are important as affecting the general question of organisation and cost of medical inspection work—

Population of the Registration County, estimated to the middle of 1913	1,040,085
Deduct population in areas which are autonomous for purposes of Elementary Education	487,837
Total estimated population in area of the Kent Education Authority	552,248
Acreage of the County	971,991
Rateable value of the County, 1913	£6,350,167
Assessable value of the County, 1913	£6,015,692
1d. produces for purposes of Elementary Education	£12,918
,, ,, Higher Education ...	£25,065
Number of Schools, March 31st, 1913	447
Number of departments, March 31st, 1913 ...	634
Total average number of children on roll, year ended March 31st, 1913	85,228

The organisation and supervision of the work of medical inspection are undertaken by the County Medical Officer, who has been approved by the Board of Education, to act as School Medical Officer. In consequence of the increase of work devolving on the Medical Department, it has been found impossible for the County Medical Officer to supervise all the details in connection with medical inspection. It was therefore decided at the beginning of 1913 to appoint an Assistant School Medical Officer, who would be required to undertake a portion of the supervisory work. Dr. Fox, formerly Medical Inspector in the Tonbridge area, has been appointed to this position, and now occupies about one-half of his time in the duties mentioned above, the remaining half of his time being occupied with the new ophthalmic work, which will be referred to later.

The actual work of inspection is carried out by a staff of whole-time and part-time inspectors. The districts have been so arranged as to admit of the work being transferred to whole-time medical officers of health as the occasion presents. This arrangement is facilitated by the fact that nearly all the school attendance districts are co-terminous with sanitary areas, and the latter are in almost all cases identical with the boundaries of the various poor-law authorities.

In certain districts general practitioners who are not medical officers of health have been appointed. They work in those combined areas which are so large that the medical officer of health could not undertake the additional work which would be entailed by the inspection of school children. These districts are so planned that if a re-arrangement of the combination is decided upon in the future, no difficulties will arise in the matter of transferring the school work. To the whole-time inspectors have also been allocated certain portions of these combined areas.

Respecting the part-time staff, Dr. Sunderland has resigned from the Bexley area, and this area is now included in the whole-time district of North Kent. The inspection work in the Rural District of Hoo is now undertaken by Dr. Outred, who is also medical officer of health for that area. Dr. Vernon has relinquished the Ashford work, and this is now being undertaken by Dr. Watts, who has also been appointed medical officer of health for Ashford in the place of Dr. Vernon (resigned). Dr. Watts, who previously was a whole-time inspector, now devotes four days a week to the service of the Education Committee. The remaining whole-time staff has undergone complete alteration. Dr. Dunstan has succeeded Dr. Fox in the Tonbridge area; and Dr. Holmes has succeeded Dr. Peyton in the North Kent area. Dr. Peyton resigned on receiving another appointment under the West Riding County Council.

There has been some difficulty in obtaining the best men for the School Medical Service, and it has been necessary for the Education

Committee to offer higher emoluments to attract them. The difficulty has been caused mainly through the operation of the National Insurance Act, which has created a larger demand for the services of medical men at higher salaries than those paid to school medical inspectors hitherto.

All medical inspections are reported daily. Hitherto, the cards of children inspected by the part-time men have been forwarded to my office, where a complete transcript of the entries has been made (on Form 7 M.I.). The whole-time officers have always themselves done this transcription, and it has now been arranged that henceforth the part-time Inspectors shall do the same.

Intimations of intended visits are forwarded to my office on the Saturday week prior to the week in which the inspections are to take place. It is the head-teacher's duty to see that the medical log-book is at the school on the day of inspection, and this is returned to the office with the forms relating to the inspection. Previous sanitary reports are also forwarded to the inspector, when such reports contain matters which require further investigation. On receipt of the medical log-book at the office, the details respecting children recommended for treatment are extracted, and in those districts in which a nurse is engaged the particulars are forwarded to her. Later, this book is forwarded to the Managers and their attention is directed to any matter of importance arising out of such inspections. The log-book also contains sections in which are entered (a) observations of the medical inspector in respect of matters which appear to suggest negligence or oversight, *e.g.*, want of cleanliness of schools, windows, offices, (b) particulars respecting every child who has been excluded from school by medical certificate since the last inspection. These entries are examined by the medical inspector, and he examines these children if the circumstances requiring the exclusion indicate that such inspection is desirable, (c) observations of the teachers respecting difficult cases, particularly those cases in which the opinion of the Inspector is mainly based on the teacher's observations, *e.g.*, morally defective children, and (d) dates of visits of the medical inspector, or medical officer of health to the school, with purpose of the visit.

COST OF INSPECTIONS.

The total cost of the actual inspections of school children, inclusive of travelling allowances (estimated) during 1913 was £1,673, as compared with £1,808 in 1912. The routine inspections in 1913 numbered 22,916, as against 18,547 in 1912. To both these totals must be added a large number of re-examinations of, or enquiries respecting, children who may have been recommended for treatment at previous inspections. Fuller particulars of these children are referred to on page 20 in this report.

TABLE 1.—Cost of Medical Inspection in the Different Districts, 1913.

	District.	Acreage of District.	No. of Schools.	No. of children on rolls.	Number Inspected in 1913.	Cost.		
SALARIED STAFF.						£	s.	d.
No. 1 District—								
Dr. Watts	Hollingbourn, Isle of Thanet, East Ashford, West Ashford, Elham and Bridge Rural; Cheriton, Hythe, and Broadstairs and St. Peter's Urban. (District altered from July 1st, to include Ashford Urban, and exclude Hollingbourn).	202,241	81	12,779	3,543	250	0	0
No. 2 District—								
Dr. Fox to Sept. 21st, 1913 .. Dr. Dunstan, from Sept. 22nd, 1913	Tenterden Urban and Rural, Tonbridge Urban and Rural, Sevenoaks Urban and Rural, Maidstone Rural, and Southborough Urban	198,826	88	15,704	1,057 1,886	213	15	0
No. 3 District—								
Dr. Peyton, to Jan. 31st, 1913 Dr. Berry, to April 30th, 1913 Dr. Holmes, from Sept. 1st, 1913	Bromley, Dartford, Hoo and Strood Rural; Footscray and Chislehurst Urban As above, with Bexley and Hollingbourn added and Hoo excluded.	166,780	102	20,389	504 1,513 2,594	169	5	0
No. 4 District—								
Dr. T. Barrett Heggs	Milton Rural, Milton Regis, Queenborough, Sheerness and Sittingbourne Urban	32,453	31	9,388	2,092	150	0	0
No. 5 District—								
Dr. C. D. Outred, from July 1st, 1913	Hoo Rural	19,727	5	718	90	25	0	0
Travelling Expenses—Estimated						125	0	0
		620,027	307	58,978	13,279	933	0	0

Per Capita Payments.								
(*a*) Entirely Urban:—								
Hamilton, J...	Dartford	4,242	9	4,044	945	60	10	0
Lipscomb, A. A.	Wrotham	8,883	4	852	194	22	14	0
Oliver, H. S...	Lydd	12,082	2	429	86	12	18	0
Sells, H. T.	Northfleet	3,932	7	2,805	676	44	16	0
Sunderland, O.	Bexley (to June 30th, 1913)	(4,942)	(6)	(2,978)	560	33	10	0
Vernon, C. M.	Ashford (to Do.)	(2,850)	(5)	(2,592)	464	27	4	0
		29,139	22	8,130	2,925	201	12	0
(*b*) Mainly Rural:—								
Adamson, C. H.	Dover Rural	27,121	11	1,004	189	28	7	0
Day, J. J.	Eastry Rural, Sandwich and Walmer	45,377	21	3,002	646	96	18	0
Gange, F. W.	Faversham Rural	44,000	18	2,882	611	91	13	0
Hick, H.	Romney Marsh Rural and New Romney	31,740	6	657	151	30	4	0
Piper, F. P.	Blean Rural, Whitstable and Herne Bay	28,566	14	3,253	806	83	1	0
Roberts, A. H.	Malling Rural	38,458	27	4,579	937	112	2	0
Wiglesworth, T. R.	Sheppey Rural	21,197	6	559	147	29	8	0
Young, E.	Cranbrook Rural	41,315	14	2,128	450	67	10	0
		277,774	117	18,064	3,937	539	3	0
	Total for Whole County	926,940	446	85,172	20,141	£1673	15	0

Average Cost—Salaried Staff, 1/4·9 per child inspected.
Urban Districts (per capita payments), 1/4·6 per child inspected.
Mainly Rural Districts (per capita payments), 2/8·9 per child inspected.
Whole County ... 1s. 8d. per child inspected.

The table on pages 10 and 11 sets out the various items in detail, and it will be observed that the salaried inspectors carried out 13,279 inspections at a cost of £933, which represents a cost of about 1s. 5d. per child inspected; the part-time inspectors in urban districts made 2,925 inspections at a cost of £201 12s., or 1s. 4½d. per child; whilst part-time inspectors in rural districts examined 3,937 children at a cost of £539, or 2s. 9d. per child. For the whole county during 1913 the cost was 1s. 8d. per child inspected, compared with 1s. 9½d. for 1912.

ORGANISATION AND SUPERVISION.

At least two visits are paid to each school during the year. In certain instances much more frequent visits have been necessary. The general scheme is practically the same as has been reported in previous years. At the first visit, the medical inspector examines all the leavers and entrants, ready for inspection; and at the second visit he examines all further entrants, and re-examines those children found defective on the previous occasion.

The instructions which were forwarded to the medical inspectors respecting work to be carried out during the half-year, January to June, were as follows:—

As regards general details, it should be noted that this memorandum does not replace, but rather supplements previous memoranda, which should therefore be preserved.

1. Inspections.—Routine inspections should be completed by May 31st. The children to be inspected include:—

(i) All children who have been entered on the rolls of infants' departments since the last inspection, provided they were born in the year *1908* or earlier, *i.e.*, children who will be five years of age or older in 1913.

> Note.—Children transferred from other schools are not entrants, unless they will attain the age of five years or over in 1913, and have not been previously inspected.
>
> Children aged four last year, who were in consequence submitted for only superficial inspection, should now be inspected in routine fashion.

(ii) Entrants born in *1909* or later should be assembled and superficially inspected as in the past.

(iii) "Leavers," *i.e.*, children born in *1900*. In addition, the term includes those children who are expected to finish their school life during the current year, even though they will not then have attained the age of thirteen.

(iv) Children previously found defective, and whose parents have been recommended to obtain treatment. Further notices should be sent in those cases where adequate treatment has not been obtained. The names and other particulars of these cases should be re-entered in the Medical Log Book with red ink, as before.

(v) Enquiries should be made as to whether there are any physically or mentally defective children in the school or district. Any such should be specially reported on, unless this has already been done. If it is considered desirable that the name of a physically or mentally defective child should be removed from the school register, the reasons for this opinion should be made clear in the special report, so that the approval of the Board of Education may be first obtained.

(vi) Public Health (Tuberculosis) Regulations, 1912. Medical inspectors should make themselves acquainted with the requirements of these new Tuberculosis Regulations, which come into force on February 1st next.

2. ARRANGEMENT OF WORK.—I desire again to mention the necessity which exists for the inspections to be so arranged that they are evenly distributed over the whole period to which this memorandum refers. Medical inspectors should carefully observe this requirement, as it is essential to ensure office efficiency.

3. SANITARY SURVEYS.—A detailed sanitary survey of certain schools should be made. A special request to that effect will be forwarded to the inspector prior to the inspection. It should be noted that entries in the Medical Log Book respecting sanitary defects are not to refer to matters involving structural alterations, but only to conditions resulting from carelessness or negligence.

4. MEDICAL LOG BOOK.—In many cases the information given respecting defective children requires amplification; this is especially so with regard to "Condition on Re-inspection." The nature, adequacy, and source of treatment should be given. Incorrect addresses have sometimes resulted in the local nurse being unable to visit the parents of defective children.

Difficulty has arisen during the year in consequence of the loss of Medical Log Books. I should be glad, therefore, if inspectors would supplement the instructions to teachers by specifically drawing their attention to the necessity of seeing that the Log Book is returned to them in due course—say, not less than five weeks after the inspection.

It is essential that medical inspectors should note and initial the page of the Log Book on which are set out the medical certificates for exclusion of children from school, issued by medical practitioners. It may be necessary for certain of these children to be inspected. This will always be the case where children have been excluded on account of pulmonary tuberculosis, ringworm, debility, or other diseases in which it is desirable to know that a definite cure has resulted. Teachers' entries respecting special cases should also be noted and initialled.

5. FORM 1 M.I. (MEDICAL INSPECTION CARD).—It is intended that *all* defects, however slight, should be recorded on the inspection card, and the need for treatment is not to be the point which determines the necessity for making any entry. This form is meant to be the record of a physical survey. Thus all cases of defective teeth and slight adenoid growth should be noted, whether it is the intention of the Medical Inspector to notify the parent or not. Similarly, slight cases of deafness or eye defect should be recorded. It is only in this way that comparable results for the different districts can be obtained, or be of any value. An entry under paragraph 33 should be made in every case in which treatment has been advised.

6. INSTRUCTIONS IN PREVIOUS CIRCULARS.—The following instructions were contained in the circular of December 31st, 1910:—

> (i) DEFECTIVE VISION.—It is desirable that in cases of defective vision some attempt should be made to estimate more accurately the extent of refractive error. The result should, if possible, be stated for each eye separately. The book of Snellen's test type which was supplied to each Inspector in October, 1909, will be found of service.
>
> (ii) HEARING.—It is of importance that a careful inspection should be made of all children in whom there is any reason to suspect defective hearing, and when these are "leavers" some attempt must be made to express the result of the test in relative terms. In order to do this it is suggested that medical inspectors should test the hearing by placing the child at twenty feet distance, with the ear to be tested turned towards the inspector. The other ear should be closed by the teacher's finger. By adopting this stance the child cannot watch the inspector's lips. A suitable sentence should then be dictated in a whisper, and the child requested to repeat it. To obtain a constant whisper the inspector should first expire and then use his residual air in whispering. Normal children will hear such a whisper at twenty feet. More uniformity is to be expected from this test than from any other. Results may be expressed $\frac{w}{20}=$ normal hearing, or $\frac{w}{15}$ or $\frac{w}{10}$, according to the distance in feet at which the child is able to repeat the dictated test.

(iii) Teeth.—The Medical Officer to the Board of Education, in his report for 1908, suggests that more complete data respecting teeth might profitably be obtained. Accordingly, records will be kept this year as follows :—When no evidence of caries can be found write " Nil " in the appropriate space on the card, " 4+ " when there are more than four, and " 4— " when there are less than four teeth carious. Treatment is always called for when there are more than four decayed teeth, often when there are less.

(iv) Scoliosis.—Considerable attention has been recently given to this subject, and to the part played in its production by posture and school desks. A special enquiry has shown that the condition is possibly more common than the returns seem to indicate. The attention of medical inspectors is accordingly directed to the subject.

7. Filing of Cards.—The boxes in which the cards are stored should be examined to ensure that the cards are accurately divided and stored.

8. Record of Infectious Diseases.—Enquiries should be made to ascertain whether the fact that a child has suffered from an attack of any infectious disease has been duly noted on the card as soon as such child returns to school.

Considerable confusion has arisen respecting entries relating to German measles. It is essential that such an attack should be differentiated from ordinary measles, but in many instances I believe that the former is entered as the latter. The use of the word " Rubella " should be encouraged in place of " German measles," and as the cards do not contain this entry, it should be added in ink when the necessity arises.

9. Apparatus.—Height measures, weighing machines, and card cabinets should be examined, and any defects noted on Form 7 M.I. When considered desirable enquiries should be made respecting their use —*e.g.*, whether the height and weight are taken without boots. I find, also, that it is not uncommon for the weight to be wrongly read off the sliding scale, in consequence of the wrong side of the sliding adjustment being taken as the index. The filing of the case cards must be examined.

A similar memorandum was issued on July 1st, 1913, relating to work to be carried out during the second half-year. It contained one new paragraph which is reproduced below :—

I have received intimation from several medical inspectors that they would find it a great convenience if inspections might continue beyond the dates hitherto assigned for their completion. Until now these dates have been May 31st and November 30th, but they are now altered to the middle of June and the middle of December, respectively. This alteration is possible in consequence of another change which has now become necessary, namely, that *inspectors shall complete Form 7 M.I.* by transcribing the "defects" noted on Form 1 M.I., as well as the child's name, height, weight, &c. This requirement will not lengthen appreciably the time absorbed by inspection work. The completed cards (Form 1 M.I.) should no longer be sent to this office. They may be left at the school for the teacher to file.

The "Medical Log-Book" continues to be of the greatest value. By its means the medical inspector is always confronted with a list of children found defective at previous inspections, and the list is brought forward at each visit, names being omitted only when a cure has been effected, or when no further recommendations can be made.

In order to strengthen the co-operation between the School Medical Service and the Local Attendance Committees, the latter are now furnished each week with lists of the medical inspections arranged to take place in their areas. Each school attendance officer has instructions to present, for examination at these inspections, any children not in attendance at school who, in his opinion, should be so presented. These officers also assist the School Medical Service by making local enquiries, particularly with regard to the prevalence of infectious disease among scholars.

(c) *General Statement of the extent and scope of the medical inspections carried out during the year 1913, including:—*

i. *Number of visits paid to schools and departments.*

All schools have been visited by the medical inspector at least twice a year, except in the case of a few very small rural schools. Numerous visits have also been made to departments both by doctors and by the two whole-time school nurses to enquire into outbreaks of infectious or contagious ailments.

ii. *The principle on which children have been selected for inspection.*

All children in attendance in the schools at ages over 13 have been medically inspected, and leavers are regarded as children who will attain the age of 13 in the year under review. Entrants, on the other hand, are not submitted to more than a superficial examination until they are five years old, or more accurately until they reach the year during which they will become five years old.

The instructions which have been given to teachers as regards the children to be presented are as follows:—

The following particulars relate to the work of medical inspection, which it is proposed shall be carried out between January 1st and June 30th, 1913.

Filing.—The cards of all children who were last year inspected as "leavers," *i.e.*, children who were thirteen years old and over, should now be removed from the box and for the present carefully stored.

Arrangement of Cards.—After removing the cards of these older children from the cabinet, the cards of other children should be transferred to the next higher division.

Children Promoted from Infants Departments.—On promotion of children from the infants to the higher department, the inspection cards of the children should be handed over to the head teacher of the higher department.

Filing Cards of Exceptional Cases.—On the return of the cards to the school from the School Medical Officer, the cards should be sorted and those of children presenting any defects should be separated from those of normal children by means of the guide card marked "exceptional cases," one of which is contained in each compartment of the cabinet. It will be noted that the term "exceptional cases," whilst including "special cases," is not confined to these.

The conditions of these exceptional cases might well be made the subject of interview with the medical inspector at subsequent visits.

Inspections.—The children to be inspected are:—(i.) Entrants. The term "entrants," for purposes of medical inspection, means children who will attain the age of five years during 1913, *i.e.*, children born in 1908. It also includes children who were born earlier than 1908, but who have not yet been subjected to routine inspection, on account of their beginning school late, absence, or other reason. Children transferred from other schools are to be regarded as "entrants" only if they would have been classified under this term had they remained at their former school.

(ii.) Leavers. All children who were born in 1900, *i.e.*, children who will be thirteen years old in 1913. In addition, there will be a few others to be brought forward as "leavers," who, although not thirteen, are expected to complete their school life during the year.

(iii.) Special Cases. The head teacher will, of course, present any child whom he knows to be suffering from some illness or disability which requires treatment; he should also present all children in whom defects are suspected.

Number of Children to be prepared for Inspection.—Teachers should prepare for inspection in any one session not more than twenty children in mixed departments, and twenty-five in infants departments.

CHILDREN FOUND DEFECTIVE AT PREVIOUS INSPECTION.—It would be of the greatest assistance if, prior to the inspection, head teachers would endeavour to obtain information as to the action taken in respect of children recommended for treatment at previous inspections.

TUBERCULOSIS, RINGWORM, VERMINOUS CONDITIONS, ETC.—The Committee's Regulation 197 (d) requires that any child on the roll of a school maintained by the Committee suffering from tubercular disease, known or suspected, whether excluded or not, shall be submitted to the medical inspector on every occasion upon which he may visit the school. This, of course, assumes that the child is well enough to attend, and is not under continuous medical supervision. Further, in the Memorandum of July, 1910, it was suggested that teachers should arrange for the attendance at the inspection of all children excluded from school on account of contagious diseases, *e.g.*, ringworm, itch and verminous conditions.

To avoid unnecessarily prolonged non-attendance on account of these conditions it is of the first importance that the above groups of children should be presented at the inspection as "special cases." Their inspection is of equal importance with that of children of routine ages, and is probably more likely to produce good results. School attendance officers might be asked to notify the parents of excluded children of the inspections and to arrange for their attendance.

ENROLMENT OF NEW SCHOLARS.—(i.) If a new scholar is entering school for the first time, the teacher should record on a medical inspection card the name, date of birth, and infectious diseases from which the child has already suffered.* This, if done in routine fashion, and the cards thereafter kept up-to-date by making further entries as required, will obviate the necessity of sending out Form 4 M.I. prior to an inspection.

(ii.) If the scholar has been at another school, the teacher should ascertain at which, and immediately write for the medical inspection card. This will obviate unnecessary inspections, and will frequently supply useful information respecting the child. Dirty children are often found among migratory families, and unless this plan is followed they are difficult to trace, as they frequently leave a district without giving information as to where they are going.

VERMINOUS CHILDREN.—A modified "buff card" has been prepared, and will be issued to teachers, who may send copies to the parents of verminous children. It is important that a careful register be kept of all the parents to whom such cards are distributed.

* German Measles should not be included as measles. When children are reported as having suffered from German Measles the attack should be entered as "Rubella." The cards do not contain a heading for this disease but one can be written in ink when the occasion requires it.

TABLE 2.—SUMMARY OF RESULTS OF MEDICAL INSPECTIONS DURING THE YEAR 1913.

Entry as per Inspection Card.		"Leavers" at undermentioned ages.				Entrants.					Entrants and others over 6 in 1913, but not classified.	Exceptional cases at various ages examined for various reasons.		Total of Columns 2 to 13.
		13 in 1913.		14 in 1913.		5 in 1913.		6 in 1913.		Under 5 in 1913, not examined according to Schedule.				
(1)		Boys. (2)	Girls. (3)	Boys. (4)	Girls. (5)	Boys. (6)	Girls. (7)	Boys. (8)	Girls. (9)	(10)	(11)	Boys. (12)	Girls. (13)	(14)
Numbers examined		3922	3938	50	58	3676	3613	915	1002	2775	1004	988	975	22916
Previously suffered from	Measles	3226	3351	42	52	1931	1973	492	551					11618
	Whooping Cough	1996	2259	28	38	1443	1546	356	445					8111
	Chicken-pox	1193	1409	17	15	693	747	173	200					4447
	Diphtheria	163	184	1	4	37	46	16	13					464
	Scarlet Fever	380	462	5	3	114	108	26	37					1135
	Enteric Fever	15	19	0	0	2	1	0	2					39
	Mumps	176	227	4	0	51	38	11	12					519

Conditions as to		(2) Indiff.	(2) Bad	(3) Indiff.	(3) Bad	(4) Indiff.	(4) Bad	(5) Indiff.	(5) Bad	(6) Indiff.	(6) Bad	(7) Indiff.	(7) Bad	(8) Indiff.	(8) Bad	(9) Indiff.	(9) Bad	(10)	(11)	(12) Indiff.	(12) Bad	(13) Indiff.	(13) Bad	(14) Indiff.	(14) Bad
Nutrition		387	1	398	8	2	0	4	0	277	5	245	2	104	3	89	4			12	0	3	0	1521	23
Cleanliness of	Skin	385	11	370	15	6	0	7	0	389	21	360	6	96	2	116	1			0	0	0	0	1729	56
	Head	253	8	807	47	5	0	9	0	303	18	626	64	69	3	171	16			15	3	82	21	2340	180
Clothing	Sufficiency	252	8	173	13	8	0	2	0	178	7	137	3	47	2	45	0			0	0	0	0	842	33
	Cleanliness	354	27	308	19	8	0	4	0	367	15	305	11	91	3	102	1			2	0	0	0	1541	76
Footgear		303	42	299	23	9	0	4	0	294	28	231	13	63	12	99	2			0	0	0	0	1302	120

(1)		(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)
Teeth	Defective condition	2281	2154	26	30	1934	1848	530	564			40	31	9438
	Want of Cleanliness	1241	950	11	11	449	358	165	173			0	0	3358
Defects of Nose and Throat	i. Articulation and Breathing	148	137	1	2	215	149	55	49			16	6	778
Enlarged Tonsils	ii. Enlarged Tonsils and Adenoids	714	773	8	7	881	786	206	236			176	177	3964
	iii. Enlarged Tonsils with enlarged Cervical Glands ...	244	234	3	0	312	270	62	64			0	0	1189
	iv. Enlarged Tonsils with Deafness	61	62	2	1	29	26	8	7			6	2	204
Enlarged Cervical Glands	v. With Tonsils, but included in iii. above ..	244	234	3	0	312	270	62	64			0	0	1189
	vi. Not associated with enlarged Tonsils	237	164	2	3	304	284	64	49			24	13	1144
Defects & Diseases of Hearing Apparatus — Deafness	vii. With Tonsils, but included in iv. above	61	62	2	1	29	26	8	7			6	2	204
	viii. Not associated with enlarged Tonsils	161	151	2	7	11	20	1	5			13	14	385
	ix. Discharge	52	46	0	2	33	32	4	4			36	19	228
Defective Vision		712	992	12	15	14	9	10	4			208	231	2207
Other defects of Eye-lids and Conjunctivæ ...		73	96	2	1	120	141	40	46			21	29	569
Constitutional conditions.	Paralysis and Deformity	53	61	1	0	32	27	8	5			19	21	227
	Rickets	9	4	0	0	33	10	9	5			5	3	78
Tuberculosis of Lungs	Phthisis	6	5	0	0	1	2	1	3			10	7	35
	Suspected	10	13	1	0	1	3	2	2			10	8	50
Tuberculosis of	Bones, Joints, Glands and Skin ...	2	2	0	0	3	5	2	2			9	5	30
	Heart Disease	63	62	0	2	25	26	8	10			16	18	230
	Lungs	42	41	0	0	85	98	21	23			26	18	354
	Anæmia	35	58	0	2	32	23	13	9			10	10	192
	Epilepsy	6	3	0	0	2	0	0	0			9	6	26
	Chorea	3	1	0	0	1	0	0	0			7	4	16
	Rupture	8	4	0	0	13	1	3	2			4	2	37
	Infections or Contagious Ailments ...	R.W. 7 Impetigo 5	R.W. 1 Impetigo 7 Other 3	0	0	R.W. 20 Impetigo 12 Other 11	R.W. 9 Impetigo 9 Other 4	R.W. 4 Impetigo 3 Other 4	R.W. 2 Impetigo 4			R.W. 34 Impetigo 27 Other 4	R.W. 30 Impetigo 10 Other 2	R.W. 107 Impetigo 77 Other 28
	Other Diseases	101	174	1	3	98	93	22	32			65	93	682
Suitable for Admission to a Special School	Mental	10	1	0	0	2	1	1	2			19	8	44
	Physical	1	0	0	0	1	1	1	0			0	0	4
	Other	0	0	0	0	0	0	0	0			3	0	3
Excused	Attendance	22	40	0	0	54	43	15	17			98	77	366
	Drill	12	16	0	2	2	2	1	5			1	2	43
Backward Children		80	94	0	3	42	19	15	11			27	22	313
No obvious defect												127	94	221

In the above Table R.W. represents Ringworm.

Medical Log Book.—*Head teachers should ensure that the Medical Log Book is in their possession before the inspection takes place.* This book is always returned to the Correspondent after the various entries have received the attention of the School Medical Officer.

Special Visits of Medical Inspectors.—If the medical inspector or medical officer of health should visit a school for other than routine purposes head teachers are requested to make an entry in Section 4 of the Medical Log Book (page 39) stating briefly the reason of the visit, and such other circumstances as the occasion seems to warrant.

Apparatus.—Height measures, weighing machines, and card cabinets should be kept in order, and any defects or deficiencies should be reported to the School Medical Officer. Children should be weighed and measured without their boots. I find, also, that it is not uncommon for the weight to be wrongly read off the sliding scale, in consequence of the wrong side of the sliding adjustment being taken as the index.

Other matters of importance are referred to in previous memoranda, which should therefore be preserved.

CLASSIFICATION OF CHILDREN EXAMINED.

iii. The number of children inspected.

Facing this page is set out a table which contains full particulars respecting all children who have been submitted to medical inspection. There is a full classification for age and sex, and for particulars recorded on the inspection card. The general summary of inspections is as follows:—

	Numbers examined.	
Ages of children.	Boys.	Girls.
Aged 5 in 1913...	3,676	3,613
„ 6 „ „	915	1,002
„ 13 „ „	3,922	3,938
„ 14 „ „	50	58
Exceptional cases at various ages ...	988	975
	9,551	9,586
	19,137	
Children under five, examined not according to schedule	2,775	
Entrants and children aged six years, and therefore not classified	1,004	
	22,916	

This total is larger than that recorded for the year 1912, owing chiefly to the fact that there were more children of intermediate ages examined than previously.

iv. The number of children referred for subsequent or further examination.

358 children, viz., 180 boys and 178 girls were submitted to re-examination for various reasons during 1913. The following classification of the cases gives full information respecting them :—

			Boys.	Girls.	Total.
Number examined			180	178	358
Cleanliness of head	indifferent		2	18	20
	bad		—	8	8
Cleanliness of clothing—indifferent			1	1	2
General neglected condition			1	0	1
Malnutrition			4	1	5
Breathing defective			—	1	1
Defective articulation			—	—	—
Enlarged tonsils, adenoids			25	18	43
Enlarged glands			—	—	—
Deafness			1	3	4
Otorrhœa			5	8	13
Defective vision			14	31	45
Defects of eyelids and conjunctivæ			3	3	6
Paralysis and deformity			3	1	4
Rickets			—	—	—
Tuberculosis of	Lungs	Phthisis	13	14	27
		Suspected	6	—	6
	Bones, joints, etc.		1	2	3
Heart disease			6	3	9
Non-tubercular disease of lungs			20	17	37
Anæmia			—	—	—
Chorea			—	1	1
Epilepsy			2	1	3
Rupture			2	—	2
Contagious ailments	Ringworm		9	3	12
	Impetigo		2	—	2
	Other		—	1	1
Other diseases			10	11	21
Suitable for admission to a special school	Mental		13	4	17
	Other		—	—	—
Excused	Attendance		12	25	37
	Drill		—	—	—
Backward children			27	13	40
No obvious defect			10	15	25

In those districts where Inspection Clinics have been established, these "further" examinations will be conducted at such clinics in future.

v. *The number of children in respect of whom directions were given for treatment of defects, including a classified statement of such defects.*

The following is a brief summary of the recommendations of the inspectors :—

	1st	2nd	3rd
For defective teeth	1647	282	40
For defective hearing, and ear discharge	223	234	49
For defective vision, and other eye defects	1204	284	47
For defects of the nose and throat...	1469	37	5
For various defects	896	28	5
Totals	5439	865	146

The second and third recommendations, tabulated above, are made by medical inspectors at the next visit to the school at which the original or second recommendations were made, in consequence of the failure of parents to obtain treatment for the defects. This repetition may be required four or five times before treatment is obtained, or despaired of. 865 second recommendations were made in 1913, compared with 742 in 1912.

Since the results of advice given are not known until a subsequent visit to the school is made by the Inspector (on an average, six months later), it follows that, at the end of any year under review, there will be no completed record of the number of children who have obtained treatment in consequence of recommendations made. The following tabulation, therefore, refers to the number of defects requiring treatment, and the number of defects treated, for the year ending July 31st, 1913.

	Number of defects.	Number of defects treated.	Percentage.
Defects of the teeth..........	1160	481	41·5
,, ,, ear	168	88	52·4
,, ,, eye	948	428	45·2
,, ,, nose and throat	1075	449	41·9
Various defects..............	820	559	68·2
Totals..............	4171	2005	48·1

The percentage of all the defects treated during 1913, viz., 48·1, shows an improvement as compared with the year 1912, when the percentage was 35 of all the defects treated.

vi. The average time per head occupied by inspection.

The rule issued to teachers and medical inspectors respecting the number of children to be prepared for inspection at each session reads as follows:—

> Number of Children to be Presented at an Inspection.—Experience has shown that the average number of children which can be inspected per session of two hours is about 20 in the senior department, and about 25 in the infants department, and unless instructions are received to the contrary, these numbers should not be exceeded.

An average of about six minutes per child is required for the work in the senior departments; rather less than this time is necessary in the infants departments.

vii. Number of Parents who have objected to their children being examined.

As in previous years, some parents have objected to the medical examination of their children. 213 such persons were recorded during 1913, compared with an average of 211 for the preceding four years. It is curious that this attitude towards medical inspection should remain so constant. 200 objections are equivalent to about 2·3% of the total number of parents concerned (estimated on a basis of 3 children to an average family). The reason given by a majority of the parents for the refusal to allow their children to be submitted for examination is that they already take care to get medical advice from the family doctor when such advice is necessary. This reason is generally equivalent to a statement that such parents resent an implication of negligence, an interpretation due to a mistaken idea of the objects of medical inspection. A table (*a*) appears below which shows the number of objecting parents in each local attendance area, and the distribution seen suggests that mere force of example is the predominating factor; for there is no relation between the size of a district and the number of objectors reported therefrom. A further table (*b*) shows that the largest numbers are to be found in the smallest villages. I trust that this unfortunate prejudice will diminish more rapidly in the future.

LOCAL SCHOOL ATTENDANCE DISTRICT.	No. of Objectors to Medical Inspection.				
	1909	1910	1911	1912	1913
Ashford	In this year no record was kept of the schools where parents objected to the inspection. The total number only was recorded.	5	4	2	1
Bexley		9	3	1	4
Blean		—	—	3	1
Bridge		20	8	7	18
Bromley		15	26	14	27
Cranbrook		14	15	11	13
Dartford (Rural)		16	17	18	21
Dartford (Urban)		1	—	—	2
Dover		4	8	7	8
East Ashford		8	10	8	5
Eastry		4	1	3	3
Elham		1	4	1	1
Faversham		2	—	—	—
Herne and Herne Bay		—	1	—	—
Hollingbourne		30	18	20	18
Hoo		—	—	1	—
Maidstone		—	9	2	1
Malling		5	4	1	16
Milton (Rural)		7	8	—	—
Northfleet		—	—	—	—
Romney Marsh		—	1	3	—
Sevenoaks (No. 1.)		10	18	11	3
Sevenoaks (No. 2.)		5	1	1	1
Sheppey		8	5	—	—
Sittingbourne and Milton Regis ..		1	—	3	1
Strood		4	1	—	2
Tenterden		8	7	—	20
Thanet (Isle of)		7	10	7	6
Tonbridge (No. 1.)		4	2	4	6
Tonbridge (No. 2.)		—	3	1	3
Tonbridge (No. 3.)		—	3	—	—
West Ashford		18	20	21	24
Whitstable and Seasalter		—	4	8	8
Totals	269	206	211	158	213

Number of Persons who Objected to the Inspection, 1913.

Adisham	1
Alkham	4
Ash C.E.	1
Ash Kelsey	1
Ashford, West Street	1
Barham	6
Bethersden	1
Benenden C.E.	3
Bexley Heath, Upland	1
,, ,, C.E.	1
Bexley, Welling	2
Bridge and Patrixbourne	4
Broadstairs C.E.	4
,, St. Peter's	1
,, ,, Reading Street	1
Bilsington	2
Burham C.E.	3
Brabourne	1
Chislehurst, Sidcup Hill	7
,, Prickend	1
,, Wesleyan	1
Chartham Council	3
,, Hatch	2
Charing	4
Cuxton Council	1
Charing Heath	17
Cranbrook, Sissinghurst	2
Cudham, Fairchild's	1
Crayford C.E.	7
Chiddingstone Causeway	1
Dartford, Heath Street	2
Darenth Council	1
Detling	1
Eastwell	1
Eythorne	2
East Peckham Council	11
Farnborough Council	9
Footscray Longlands	1
,, Sidcup	1
,, Lamorbey	1
,, & Chislehurst C.E.	1
Goudhurst, Winchet Hill	2
,, C.E.	2
Godmersham	1
Guston	2
Harrietsham	7
Horton Kirby	2
Hothfield	2
Hawkhurst C.E.	4
Harbledown	2
High Halden	5
Hawkinge	1
Hayes	2
Hildenborough	1
Headcorn	1
Kingsdown	2
Knockholt	1
Lenham	7
,, Platts Heath	1
Rolvenden	2
St. Margaret-at-Cliffe	2
Swanscombe, Knockhall	2
,, Greenhithe Galley Hill	2
Snodland C.E.	1
Southborough C.E.	1
Sevenoaks C.E.	3
Shorne C.E.	1
Sittingbourne Council	1
St. Stephen Council	1
Speldhurst	2
Tenterden C.E.	2
,, Smallhythe	1
Tonbridge, Sussex Road	2
,, St. Stephen's	2
,, Barden Road	1
Ulcombe	1
West Wickham	4
Wrotham C.E.	1
Whitstable, Oxford Street	3
,, and Seasalter Endowed	5
Wilmington Council	1
Woodchurch	10
Yalding, St. Margarets	1
	213

(*d*). *General review of the facts disclosed by medical inspection under the various headings contained on the inspection schedule.*

Previous Zymotic History.—The following table shows the percentage number of children examined who had previously suffered from the zymotic ailments which are common among school children. The facts are important, as they have a bearing on the question of school closure. The results obtained differ little from those of previous years. There appears to be a slight tendency for the incidence of measles and whooping cough at all the ages to increase, whilst the incidence of chicken-pox has diminished slightly.

Table 3.—Showing the percentage number of children examined who had previously suffered from the undermentioned diseases.

Disease.	Aged 5.		Aged 6.		Aged 13.		Aged 14.	
	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls
	Numbers examined.		Numbers examined.		Numbers examined.		Numbers examined.	
	3676	3613	915	1002	3922	3938	50	58
	Percentage previously attacked.		Percentage previously attacked.		Percentage previously attacked.		Percentage previously attacked.	
Measles	52·6	54·7	53·8	55·0	82·3	85·1	84·0	89·7
Whooping Cough	39·3	42·8	39·0	44·5	50·9	57·4	56·0	65·6
Chicken-pox	18·9	20·7	19·0	20·0	30·5	35·8	34·0	25·9
Diphtheria	1·00	1·3	1·8	1·3	4·2	4·7	2·0	6·9
Scarlet Fever	3·2	3·0	2·9	3·7	9·7	11·8	10·0	5·2
Enteric Fever	0·06	0·03	0·0	0·2	0·4	0·5	0·0	0·0
Mumps	1·4	1·06	1·3	1·2	4·5	5·8	8·0	0·0

Height and Weight.—In the following tables are set out the heights and weights of a proportion of the children examined in the Kent Schools in 1913. The selection, which has been made without any discrimination, and represents children in both town and country schools, probably gives a fairly reliable figure for purposes of reference. The totals do not show any marked difference from the results obtained in the previous year. As is the general rule, girls at ages five and six are not so heavy nor are they so tall as boys at the same ages, but the position is reversed at age 13. I think the figures compare favourably with those recorded in other districts.

Table 4.—Showing the height in inches of boys and girls at different age groups.

BOYS.			GIRLS.		
Age.	Number examined.	Boys in Kent.	Age.	Number examined.	Girls in Kent.
5	2000	41·0	5	2000	40·3
6	750	42·4	6	750	42·0
13	2000	55·7	13	2000	56·7
14	50	57·2	14	58	57·8

Table 5.—Showing the weight in pounds of boys and girls at different age groups.

BOYS.			GIRLS.		
Age.	Number examined.	Boys in Kent.	Age.	Number examined.	Girls in Kent.
5	2000	38·8	5	2000	37·9
6	750	41·3	6	750	40·1
13	2000	76·7	13	2000	78·2
14	50	79·4	14	58	87·8

Clothing and Footgear.—The following tables set out the condition of the clothing as regards sufficiency and cleanliness, and of the footgear as regards soundness. The figures recorded do not show any notable changes as compared with previous years, except that perhaps the grosser defects have diminished slightly. The conditions of the clothing and footgear being largely dependent on the economic well-being of the parents, no such great improvement can be looked for as might be expected in the case of general cleanliness.

Table 6.—Showing condition of clothing as regards sufficiency and cleanliness.

Age.	Sex.	Numbers examined.	Sufficiency of clothing.				Cleanliness of clothing.			
			Actual Numbers.		Percentage.		Actual Numbers.		Percentage.	
			Indifferent.	Bad.	Indifferent.	Bad.	Indifferent.	Bad.	Indifferent	Bad.
5	Boys......	3,676	178	7	4·9	0·2	367	15	10·0	0·4
	Girls......	3,613	137	3	3·8	0·08	305	11	8·5	0·3
6	Boys......	915	47	2	5·2	0·21	91	3	9·9	0·32
	Girls......	1,002	45	0	4·5	0·00	102	1	10·8	0·09
13	Boys......	3,922	252	8	6·5	0·2	354	27	9·1	0·7
	Girls......	3,938	173	13	4·4	0·4	308	19	7·9	0·5
14	Boys......	50	8	0	16·0	0·0	8	0	16·0	0·0
	Girls......	58	2	0	3·5	0·0	4	0	6·9	0·0
Totals	Irrespective of sex	17,174	842	33	5·0	0·2	1539	76	9·0	0·45

Table 7.—Showing condition of Foot-gear.

Age.	Sex.	Numbers examined	Footgear.		Percentage with	
			Unsatisfactory.	Bad.	Unsatisfactory footgear.	Bad.
5	Boys......	3,676	294	28	8·0	0·8
	Girls......	3,613	231	13	6·4	0·4
6	Boys......	915	63	12	6·9	1·3
	Girls......	1,002	99	2	9·9	0·2
13	Boys......	3,922	303	42	7·8	1·08
	Girls	3,938	299	23	7·6	0·6
14	Boys......	50	9	0	18·0	0·0
	Girls......	58	4	0	6·9	0·0
Totals	Irrespective of sex	17,174	1302	120	7·6	0·7

UNCLEANLINESS.—Complaints may be made respecting verminous conditions in a school, by the head teacher or medical inspector, or occasionally by the parent of a child who has become infected at school. In those districts where local nurses are available for the Committee's work, the measures adopted are the same as indicated in previous reports;

in other districts a member of the whole-time nursing staff carries out the work. Briefly, the procedure is as follows :—The nurse visits the school and examines all the scholars. She gives appropriate instructions in all the cases found, and excludes the most serious ones. The nurse makes a second visit at the end of ten days, and the children found verminous at the previous inspection are again examined. If exclusion is again necessary the nurse visits the parents at their homes, and if subsequent improvement is not rapid, particulars are forwarded to the Secretary of the Committee suggesting that proceedings under the Attendance Byelaws should be instituted against the parents. In all cases of exclusion a certificate is forwarded to the head teacher, and the school attendance officer is instructed to visit the homes of such children and intimate to the parents the necessity for attention to the cleanliness of their children ; he likewise points out the legal consequences of neglect.

Children in a verminous condition may be grouped into three divisions. (1) Those of parents who seem inherently incapable of appreciating the idea of cleanliness. Many of these parents are of a low type. In these cases, advice, practical demonstrations at home, and prosecutions are alike of no avail. These children are a source of infection to the others at school, and since they cannot be permanently excluded, it appears necessary for the sake of these other children that an Education Authority should avail itself of the powers under Sec. 122 of the Children Act, 1908, and make arrangements, in those areas where it is practicable, for periodical cleansing of such children. Such an arrangement has been sanctioned at Tonbridge, where baths are to be placed in the new school.

Where a bad case is found in a school, and it is suspected that home conditions require attention, the Local Sanitary Authority is notified, with the hope that action will, if desirable, be taken under the nuisance clauses of the Public Health Act.

(2) This group of children belong to parents who are unclean merely from lack of training and example. It perhaps comprises as large a number as previously, but I have every reason to believe that the grossness of the defect has become much less. The parents are now making some effort towards an ideal of cleanliness, but it may be many years before the numbers included within the group become insignificant—perhaps not before the girls now at school have grown up to motherhood. It is among children of this group that the activities of the Education Authority are most useful, and whilst the school nurse is of the utmost importance in effecting immediate improvements, it is on the teachers that ultimate and permanent effects largely depend.

It may often be an unpleasant and thankless duty to see that children arrive at school in a reasonably clean condition, and in rural districts ill-feeling may occasionally be aroused among the parents, but I am glad to say that many teachers realise their responsibilities in the matter and act accordingly. On the other hand, there is a tendency among some teachers to regard medical inspection as an absolution from all further responsibility. This is an attitude much to be deprecated, for it will tend to negative all other endeavours.

(3) The third group of children includes those who become accidentally infected at school or in other places. In these cases the parents take immediate action on their attention being directed to the condition. They often complain of the risks to which their children are exposed, and, it must be confessed, with some justification in certain instances.

Table 8.—Showing condition of children as regards cleanliness of body.

Age.	Sex.	Numbers examined	Numbers		Percentage	
			Requiring attention.	Excluded.	Requiring attention.	Excluded.
5	Boys......	3676	389	21	10·58	0·57
	Girls......	3613	360	6	9·96	0·16
6	Boys.....	915	96	2	10·49	0·21
	Girls......	1002	116	1	11·57	0·09
13	Boys......	3922	385	11	9·81	0·28
	Girls......	3938	370	15	9·39	0·38
14	Boys......	50	6	0	12·00	0·00
	Girls......	58	7	0	12·06	0·00
Totals	Boys......	8563	876	34	10·22	0·39
	Girls......	8611	853	22	9·90	0·25

Table 9.—Showing condition of children as regards cleanliness of head.

Age.	Sex.	Numbers examined.	Numbers.		Percentage.	
			Requiring attention.	Excluded.	Requiring attention.	Excluded.
5	Boys......	3676	303	18	8·24	0·48
	Girls......	3613	626	64	17·32	1·77
6	Boys......	915	69	3	7·54	0·32
	Girls......	1002	171	16	17·06	1·59
13	Boys......	3922	253	8	6·45	0·20
	Girls......	3938	807	47	20·49	1·19
14	Boys......	50	5	0	10·00	0·00
	Girls......	58	9	0	15·51	0·00
Totals	Boys......	8563	630	29	7·35	0·33
	Girls......	8611	1613	127	18·73	1·47

The above tables show the prevalence of verminous conditions observed by medical inspectors at their routine examinations. The figures differ very little from those obtained in previous years. It may, however, be confidently expected that, with increasing adequacy of the nursing staff, these conditions will eventually be brought under better control.

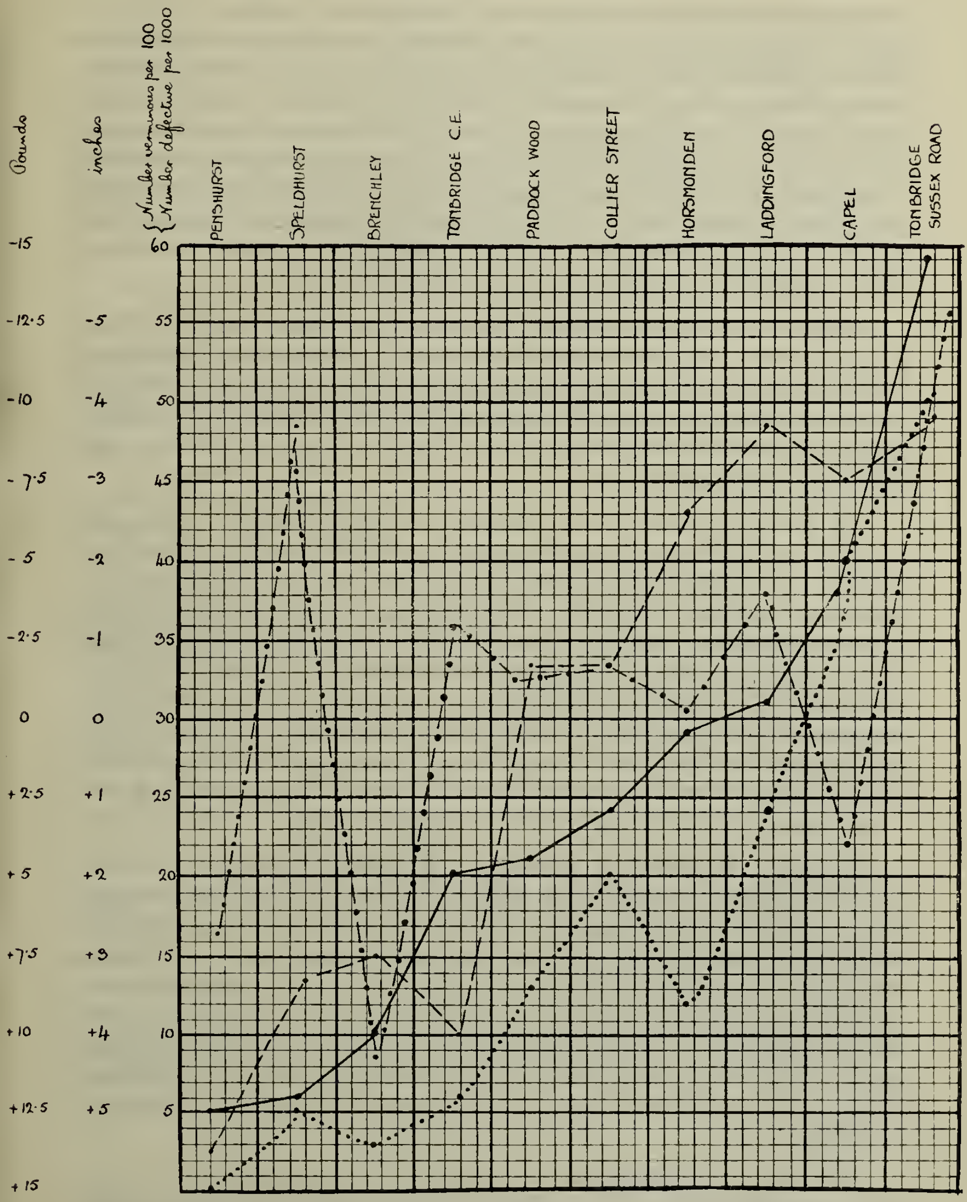
The following are observations by Dr. Fox on the relation of cleanliness to certain other conditions.

THE CORRELATION OF UNCLEANLINESS WITH MENTAL AND PHYSICAL RETROGRESSION.

The accompanying chart is intended to show the simultaneous variation in, or the correlation of, the intellectual, cultural, and physical status of the school children of certain areas. The prevalence of mental deficiency, the percentage number of verminous children, and the measurements of stature are taken as indicative of these characteristics.

The areas selected are all situated in West Kent; they comprise parishes which may be divided into two classes :—residential and agricultural, or roughly, rich and poor. Besides these rural districts, two portions of an urban district are considered, viz. : the North and the South Wards of Tonbridge, represented (for the school children) by the National and the Sussex Road Schools respectively. The vagrant classes congregate in the South part of the town, and their children mostly attend the Sussex Road School. The agricultural areas referred to are contiguous, and lie

Chart showing the prevalence of verminous conditions and of Mental Deficiency at certain Schools, together with the relative heights and weights of the Scholars in attendance.



———————— shows number of verminous children per 100 female "leavers".

.... shows number of mental deficients per 1000 children in attendance.

– – – – – – – – shows number of inches above or below average height for the County. This number is the sum of the deviations from the County average of each of the four groups considered.

–·–·–·–·–·– shows weight in pounds above or below the County average, ascertained in the same manner.

in the valley of the Medway, between Tonbridge and Yalding. The chief product of this region is hops, a crop requiring casual labour of fluctuating amount. Many of the "hoppers" who come from London and elsewhere for hop-picking, settle permanently in the neighbourhood. Many of these immigrants being of a low type, a proportion of them becomes a charge on the community. The residential areas are situated on the hills immediately to the South and West of the foregoing, and a considerable part of the population of these rural parishes is employed about the houses of the numerous large householders. Such a population occupies a distinctly higher economic plane than a purely agricultural one.

The whole district consists of ten areas, and these areas have been arranged on the chart in order of the prevalence of verminous conditions. Four groups of children have been dealt with, namely; 5-year old males, and 5-year old females; 13-year old males, and 13-year old females. Averages have been made from the totals of three years' observations (dealing with 671 boys and 546 girls).

To construct the curve showing the prevalence of verminous conditions, only the last group mentioned has been used, *i.e.*, 13-year old girls (of whom there were 346). For in this sex, the conditions are sufficiently common to form a reliable average from a relatively small number of children; and at this age, neglect is more certainly habitual. Among entrants (5-year old groups of children) in "dirty" schools accidental contamination from other children is not uncommon, but it does not persist. These groups are therefore not considered. The continuous black line on the chart shows the percentage number of verminous children at the several schools. It indicates a minimum of 5°/₀ at Penshurst, and a maximum of nearly 60°/₀ at Tonbridge (Sussex Road).

To form the curve of prevalence of mental deficiency, the total number of defectives reported at each school during the three years are taken, and the curve is plotted out to show the number of mentally defective children per thousand children on the school rolls. 195 cases were found among 3,080 children. The numbers found at each school are strictly comparable, for all the cases have been examined by the same medical inspector. It will be noted that Penshurst and Tonbridge (Sussex Road) respectively again have the minimum and maximum number of affected children as was seen to be the case with regard to verminous conditions.

The curve of stature is more complicated in composition, and has been constructed thus: In the case of every school, the average height for each of the four groups of ages has been determined, and compared with the corresponding average for the same age-group obtaining in the whole county. In this way, four figures are obtained and the sum of these is the number given on the chart for each school. This operation eliminates the necessity for giving four separate curves, and it gives a better idea of the relative stature at each school, as the margin of probable error is less. It will be remarked that the children's heights at different schools vary closely with the degree of personal cleanliness, and with their presumed intellectual calibre, as indicated by the prevalence of verminous conditions and of mental deficiency, respectively.

The curve of weight has been made in precisely the same way as the curve of stature, except, of course, pounds have been used instead of inches. This curve differs in a marked degree from the other three. The latter more or less gradually rise from the left of the chart towards the right. The former shows little or no such tendency, but pursues a nearly independent course. It will be noted that, although the tallest and the shortest children are nearly the heaviest and the lightest, respectively, yet the school, which comes second as regards height, is last but one as regards weight.

Thus we have two characters, stature and intelligence, which vary closely with the degree of cleanliness (the co-efficient of correlation between the deficiency-curve and the vermin curve is very high, being 0·9); then there is a third character, weight, which shows no such correspondence. Now, stature and mental capacity are known to depend largely on heredity, whilst weight is more subject to the influences of environment—for example, underfeeding. But the chart shows that the trait of character which reveals itself in personal cleanliness varies in a similar manner to stature and mental capacity. It follows, then, that cleanliness itself is also a function of heredity—in-so-far as our correlations are causally related, and are not merely accidental, a matter to be settled by more extensive observations. The conclusion that cleanliness is, at any rate in part, an inborn character, is further strengthened by the reflection that this enquiry was begun with the idea that the prevalence of verminous conditions might be used to indicate the economic plane of a population. The chart suggests that the average heights of the children would be an equally reliable indication of social status.

Another observation, which has a bearing on the question, will be found on page 14 of the Board of Education's "Report on the Working of the Education (Provision of Meals) Act, 1906, up to the 31st March, 1909" (Cd. 5131). The paragraph referred to, is as follows:—

> "Of the children recommended (for feeding) in this area (Brighton) by the "teachers, about one half were rejected after medical examination as not "requiring the benefit of the meals on account of malnutrition, poor physique, "or some organic disease, and a similarity in the proportion of unclean "children among the selected and rejected applicants suggests that there "was no great difference in the social condition of the two groups."

The Act referred to, has been placed on the Statute Book on account of the existence of numbers of necessitous children, who, owing to insufficient or improper feeding, are unable to derive full benefit from the education provided; and there can be little doubt, that of the two groups of children, the one requiring to be fed, and the other not, the first group is relatively necessitous. At Brighton however this first group is not also relatively unclean. This is some confirmation of the conclusion derived from the chart, and suggests, in addition, that the inherited predisposition to personal uncleanliness is of *more* importance than the accidents of environment.

RINGWORM AND OTHER CONTAGIOUS AILMENTS.—During 1913 a complete register of all ringworm cases brought to the knowledge of the School Medical Officer has been kept for the first time in Kent. The sources of information are: (1) Reports of medical inspectors on their routine examinations, (2) Reports of school nurses on their systematic examinations conducted at the schools. The diagnosis in these cases is always confirmed by a bacteriological examination of affected hairs. (3) Records in the medical log books of cases certified as "ringworm" by local medical practitioners. No doubt there are other cases which have not been reported. These could be brought to light only by frequent systematic examination of all the children at every school, and the nursing staff is totally inadequate for such an undertaking. Even then, it would be necessary for a medical inspector personally to examine all children so found where a bacteriological report on the suspected hairs was negative. For a negative result is of limited value—a value depending mainly on the skill of the person who takes the specimen. There has, however, been a considerable improvement in the taking of specimens of hair by local nurses This is largely due to the fact that a series of demonstrations has been carried out for their benefit by Miss Griffin, of the whole-time staff, who has had great experience in this work.

The following table shows the total number of ringworm cases reported (627) and their distribution throughout the county. In addition, a chart is given showing the percentage incidence on the various local attendance areas. Unfortunately, as yet, the chart throws no light on the manner of spread of the disease, but comparison with subsequent charts in the future may be helpful in this respect. The four chief factors which have, in the past, militated against an adequate control of ringworm are :—

(*i.*) *The number of undiscovered cases.*

Unrecognised cases of the disease are constantly being discovered in the schools. The majority of these cases will only be removed as sources of infection when the nursing staff is sufficiently large to undertake systematic inspections of all children on the school rolls. There are also children below school age with ringworm of whom the Committee have no cognisance; these children infect others already in attendance at school, and they are often admitted to school without the disease being noticed. It is desirable that all known cases of ringworm should be visited at their homes, not only for the supervision of treatment, but so that young members of the family may be inspected also.

(ii.) A lack of precise knowledge of the causes leading to the spread of the disease.

There are several varieties of the fungus which is the immediate cause of ringworm. Of these, the *microsporon audouini* is most often found. As this parasite is of human origin, it would appear that outbreaks of ringworm are generally due to human infection, and not to infection from cattle. The different varieties of ringworm vary greatly in their tractability with regard to treatment. Insufficient attention to this point is the cause of the perennial crop of new "cures." Whilst the chronicity of ringworm in various districts may be dependent on the variety of the infecting agent, the greater tendency to spread in certain districts cannot be thus explained. For what appears, by all the criteria available, to be a certain variety of ringworm, will spread throughout a whole town, another case of the same kind may remain in school for years without infecting others—not even brothers or sisters with whom the infected child sleeps.

(*iii.*) *The re-admission to school of uncured cases.*—Whilst medical practitioners certify children still suffering from ringworm as fit to resume attendance, it cannot be expected that teachers and parents will be able to form a more valuable opinion as to when a patient has been cured. In order to minimise this accidental continuance of infection at school, the Committee has approved of a new regulation which forbids the re-admission of any case of ringworm unless certified free from disease by the medical inspector or the School Medical Officer. This new rule will come into force next year throughout the county area, but it has for some time been in force in some of the more populous districts where medical inspectors can pay frequent visits.

(*iv.*) *The comparative uselessness of many methods of treatment.*—Many cases of ringworm continue for years. This is a serious matter, not only for the individual whose life may be handicapped by the loss of education, but also on account of the long continuance of a source of infection. The possibilities of infection increase with the duration of the disease, because many parents quite naturally lose heart and finally abandon all attempts at preventing contagion as well as of obtaining a cure. X-ray treatment is invaluable and is now available for all parents who care to take advantage of the Committee's arrangement (see page 53). There is still, however, much prejudice against this method, so that it is impracticable to obtain this treatment for more than a small percentage of the children affected. In the early days of X-ray treatment, there were no means of regulating the dosage accurately, and untoward results occasionally followed in the shape of permanent baldness or a chronic inflammatory condition of the scalp. Examples of the former are still to be found scattered up and down the country, and whilst these peripatetic witnesses of the possibilities of X-ray treatment continue to give evidence, it is not surprising that parents are dubious about having their children subjected to so baneful an influence as X-ray must appear to be to them.

Of the total of 627 cases of ringworm, 242 cases were carried forward from 1912, 107 new cases were reported by medical inspectors, and 175 were found by nurses at their routine inspections of schools; 103 cases not otherwise known of, have been certified by general practitioners.

At the end of the year 1913, 283 cases of ringworm had returned to school as cured, leaving 344 still suffering from the disease. It is not always easy to say when ringworm has quite disappeared, so all cases re-admitted are kept under observation for another six weeks or two months after apparent cure, when such a course is practicable. Forty-three children had X-ray treatment at Folkestone, and thirty-two at Guy's Hospital. The former returned to School, on the average 55½ days after treatment; and the latter, fifty-eight days after treatment. This method of treatment gave rise to no complications during 1913, except an occasional soreness of the head. In the cases of three children, a second application of X-rays was necessary, on account of the partial failure of the first application. Practically all children to be X-rayed, have been accompanied by the school nurse, who afterwards has kept them under observation, and instructed their parents in the methods of after-care necessary.

DISTRIBUTION OF RINGWORM IN THE LOCAL ATTENDANCE COMMITTEES.

Local Attendance Committees.	No. of children on the roll.	No. of cases of Ringworm reported to School Medical Officer.	Percentage.	No. of cases known to be cured.	No. of cases treated by X-Rays.
Ashford	3103·7	100	3·3	90	26
Bexley	2978·3	17	0·6	1	Nil.
Blean	778·3	Nil.	—	—	—
Bridge	1555·4	Nil.	—	—	—
Bromley	5689·2	17	0·3	5	Nil.
Cranbrook	2128·0	6	0·3	6	2
Dartford (Rural)	6812·3	45	0·7	13	8
,, (Urban)	4099·7	44	1·0	13	10
Dover	1004·2	3	0·3	Nil.	Nil.
East Ashford	1434·2	23	1·7	11	Nil.
Eastry	3002·1	14	0·5	6	1
Elham	2989·6	29	1·0	11	Nil.
Faversham	2882·0	18	0·7	11	Nil.
Herne and Herne Bay	1076·5	13	1·3	1	Nil.
Hollingbourne	1875·4	8	0·5	Nil.	1
Hoo	718·0	9	1·2	7	2
Maidstone	2636·8	13	0·5	4	Nil.
Malling	5430·6	21	0·4	7	1
Milton (Rural)	2579·8	45	1·8	15	2
Northfleet	2805·3	15	0·6	9	Nil.
Romney Marsh	1085·7	Nil.	—	—	—
Sevenoaks (No. 1)	1481·9	10	0·7	4	Nil.
,, (No. 2)	3533·3	1	0·1	Nil.	Nil.
Sheppey	4347·2	29	0·7	8	Nil.
Sittingbourne and Milton Regis	3020·5	13	0·5	6	Nil.
Strood	3033·7	16	0·6	9	4
Tenterden	1464·0	Nil.	—	—	—
Thanet (Isle of)	2394·7	27	1·2	3	1
Tonbridge (No. 1.)	3058·0	48	1·6	25	10
,, (No. 2.)	1664·2	15	0·9	9	1
,, (No. 3.)	1865·6	7	0·3	4	1
West Ashford	1301·3	2	0·2	Nil.	Nil.
Whitstable and Seasalter ..	1398·2	19	1·4	5	6
	85, 227·7	627	0·74	283	76

Diagram showing the percentage number of cases of RINGWORM in the various Local School Attendance Committees reported to the School Medical Officer during the year 1913.

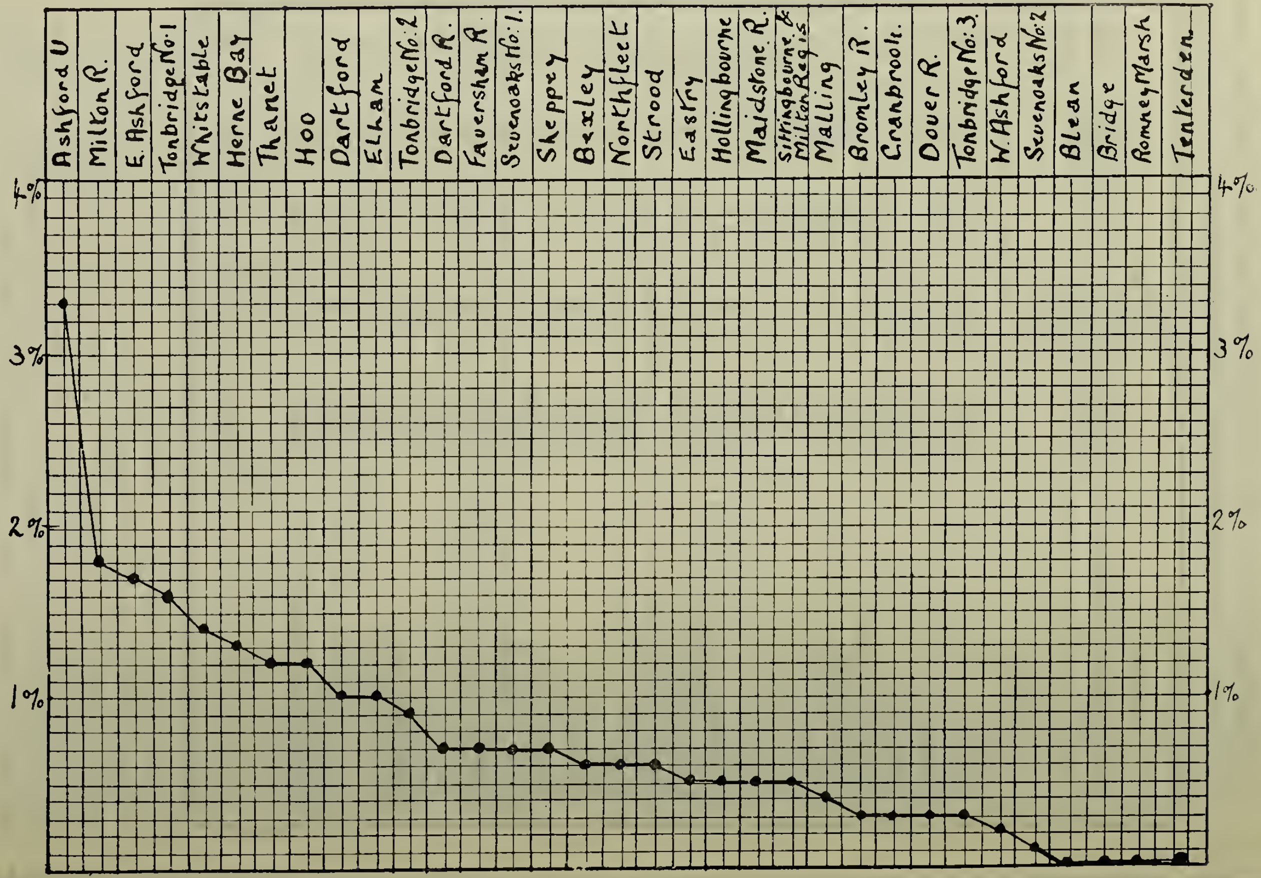


Table 10.—Cases of Ringworm treated by X-Rays by Dr. C. H. L. Palk, at Folkestone, for the Kent Education Committee, during the year 1913.

Case No.	Name of School.	Cost of Treatment and Railway Fare.			Fees paid by Parents.			Date Child X-Rayed.	Child re-admitted to school after a lapse of
		£	s.	d.	£	s.	d.		
22	Wateringbury	1	4	10		Nil.		10/1/13	77 days
23	Southborough C.E. ..	1	1	0	1	1	0	10/1/13 14/3/13	105 ,,
24	Tonbridge Wesleyan ..	1	4	4½	0	3	0	24/1/13	45 ,,
25	,, Sussex Road ..	1	4	4½	0	4	0	24/1/13	56 ,,
26	,, C.E.	1	4	4½		Nil.		28/1/13	42 ,,
28	Nonington	1	1	0		Nil.		16/1/13	119 ,,
29	Goudhurst C.E.	2	8	9	0	1	6	27/2/13	120 ,,
30									70 ,,
31	Ashford Council	2	2	0	0	5	0	25/4/13	42 ,,
32									
33	,, ,, ...	1	2	2	0	3	0	29/4/13	38 ,,
34	,, ,, ...	1	2	2	0	2	6	29/4/13	51 ,,
35	,, New Town ..	2	2	0	0	6	0	20/5/13	56 ,,
36									
37	,, Council	3	3	0	0	15	0	23/5/13	53 ,,
38									
39									
40	,, ,, ...	2	2	0	0	5	0	1/7/13	50 ,,
41									
42	,, ,, ...	2	2	0	0	5	0	4/7/13	46 ,,
43									
44	Whitstable St. Alphege ..	2	2	0	1	0	0	22/7/13	91 ,,
45									
46	?	1	1	0		Nil.		29/8/13	?
47	Ashford New Town ..	3	3	0	0	15	0	24/6/13	35 ,,
48									
49									
50	Ashford New Town ..	1	1	0	0	8	0	16/10/13	48 ,,
51	,, Council	1	2	2	0	3	6	16/10/13	48 ,,
52	,, ,, ...	1	1	0	0	5	0	23/10/13	41 ,,
53	,, ,, ...	1	1	0	0	5	0	23/10/13	41 ,,
54	,, ,, ...	1	1	0	0	5	0	23/10/13	41 ,,
55	,, New Town ..	1	1	0	0	2	6	24/10/13	40 ,,
56	,, ,, ...	1	1	0	0	2	6	24/10/13	40 ,,
57	,, ,, ...	1	1	0	0	2	6	13/11/13	38 ,,
58	Whitstable Westmeads ..	1	1	0	0	10	6	26/11/13	56 ,,
59	Headcorn Council ..	1	1	0	0	5	0	11/12/13	33 ,,
60	Ashford Council	1	1	0	0	7	6	11/12/13	29 ,,
61	,, ,, ...	1	1	0	0	2	6	19/12/13	? ,,
62	Broadstairs St. Peter's ..	1	1	0	0	4	0	19/12/13	42 ,,
63	Whitstable Council ..	1	1	0		Nil.		10/12/13	? ,,
64	,, ,, ..	1	1	0		Nil.		10/12/13	? ,,
65	,, ,, ..	1	1	0		Nil.		4/11/13	65 ,,
Total Cases 43		£46	6	2½	8	9	6		Aver. 55·6 days

Table 11.—Showing the number of cases of Ringworm that have been treated by X-Rays at Guy's Hospital, London, for the Kent Education Committee during the year 1913.

Case No.	Name of School.	Cost to Committee.	Contributions paid by parents and sent to Guy's Hospital.	Date of Treatment.	Child re-admitted to School, after a lapse of
		£ s. d.	£ s. d.		
1	Stone, The Brent Council ..	10½	10½	27/7/13	? days
2	,, ,, ,,	10½	10½	27/7/13	? ,,
3	,, ,, ,,	Nil.	Nil.	27/7/13	? ,,
4	Dartford, St. Albans Road..	10½	10½	27/7/13	78 ,,
5	,, ,,	10½	10½	27/7/13	78 ,,
6	,, ,,	10½	10½	27/7/13	78 ,,
7	,, ,,	10½	2 6	20/8/13	56 ,,
8	,, ,,	10½	2 6	20/8/13	56 ,,
9	,, ,,	10½	1 10½	17/7/13	70 ,,
10	,, ,,	10½	1 10½	22/8/13	70 ,,
11	,, ,,	10½	1 6	27/8/13	86 ,,
12	,, ,,	10½	1 6	27/8/13	86 ,,
13	Halling Council	2 9½	7 9½	16/7/13	? ,,
14	,, ,,	2 9½	7 9½	16/7/13	? ,,
15*	,, ,,	Nil.	2 6	25/7/13 and 15/10/13	Still absent
16	,, ,,	Nil.	2 6	25/7/13	?
17	Stone, The Brent Council ..	10½	10½	25/7/13	30 days
18	,, ,, ,,	10½	10½	25/7/13	30 ,,
19	Tonbridge St. Stephen's ..	1 9	Nil.	17/12/13	Still absent
20	,, ,,	1 9	Nil.	17/12/13	,,
21	,, Slade	1 9	1 9	22/10/13	49 days
22	,, ,,	1 9	1 9	22/10/13	35 ,,
23	,, Wesleyan.. ..	2 3½	Nil.	23/10/13	40 ,,
24	,, C.E.	2 3½	Nil.	23/10/13	56 ,,
25	Dartford ?	10½	1 6	29/10/13	35 ,,
26	,, ?	10½	2 10½	29/10/13	35 ,,
27*	,, St. Albans Road ..	10½	10½	27/8/13 and 5/11/13	Still absent
28	Wilmington Council ..	10½	Nil.	5/11/13	,,
29	High Halstow	1 10	8	19/11/13	70 days
30	Rainham C.E.	3 3	1 3	27/11/13	57 ,,
31	,, ,,	3 3	1 3	27/11/13	57 ,,
32	High Halstow	1 6	8	1/10/13	61 ,,
Total Cases 32		£2 1 10½	2 11 0		Average 58 days

*X-rayed on two occasions.

MALNUTRITION.—Defective nutrition is of the greatest importance to an Education Authority as well as to the community, for such defective children cannot take proper advantage of present opportunities of school-life, and they are potential and probable victims of future ill-health generally, and of tuberculous disease specially.

Unfortunately, the causes of malnutrition are difficult to elucidate. In many cases where a marked degree of malnutrition exists without a causative disease being discovered, it is found that under-feeding and overwork are the responsible factors—two factors which often co-exist. It is not always possible to investigate fully a case of malnutrition at a routine school inspection, but in those districts where school clinics exist, children will be referred to these establishments for further examination, and in the meanwhile, the local school nurse may obtain additional useful information by a visit to the homes of the children in question.

Although there are no fixed criteria for the recognition of malnutrition, and divergent opinions may be expected with regard to its lesser degrees, yet the prevalence of malnutrition recorded in Kent continues to be practically the same as in previous years, notwithstanding numerous changes in the medical staff. Tables 12 and 13 give a summary for the year under review.

Table 12.—Showing condition of Boys as regards nutrition.

Age.	Numbers examined.	Actual cases.			Percentage.		
		Nutrition defective.	Nutrition bad.	Total sub-normal	Nutrition defective.	Nutrition bad.	Nutrition sub-normal
5	3676	277	5	282	7·53	0·13	7·67
6	915	104	3	107	11·36	0·32	11·69
13	3922	387	1	388	9·86	0·02	9·89
14	50	2	0	2	4·00	0·00	4·00
Total	8563	770	9	779	8·99	0·10	9·09

Table 13.—Showing condition of Girls as regards nutrition.

Age.	Numbers examined.	Actual cases.			Percentage.		
		Nutrition defective.	Nutrition bad.	Total sub-normal	Nutrition defective.	Nutrition bad.	Nutrition sub-normal
5	3613	245	2	247	6·78	0·05	6·83
6	1002	89	4	93	8·88	0·39	9·28
13	3938	398	8	406	10·10	0·20	10·30
14	58	4	0	4	6·89	0·00	6·89
Total	8611	736	14	750	8·54	0·16	8·70

Various Ailments.—The following tables indicate the number of children suffering from various defects. In most instances percentages have been calculated.

ENLARGED TONSILS AND ADENOIDS.

Table 14.—Showing the number of children who were found to be suffering from Enlarged Tonsils and Adenoids.

Age.	Sex.	Numbers examined.	Cases of Tonsils and Adenoids.	Percentage.
5	Boys	3676	881	23·96
	Girls	3613	786	21·75
6	Boys	915	206	22·51
	Girls	1002	236	23·55
13	Boys	3922	714	18·20
	Girls	3938	773	19·62
14	Boys	50	8	16·00
	Girls	58	7	12·06
Total ..	Boys	8563	1809	21·12
	Girls	8611	1802	20·92
	Both sexes ..	17174	3611	21·03

Obstruction to breathing, whether due to enlarged tonsils and adenoids or not, is important, because it is the cause of a large number of malformations and actual disease. From the point of view of an Education Authority, the most important effects are perhaps deafness and mental dullness, both of which conditions result in waste of school life. It is of importance, therefore, that steps should be taken to prevent the development of these obstructions, or to remove them if already present. Unfortunately the causes are obscure, so that preventive measures must be incomplete. It is known, however, that mouth-breathing, besides being an effect of adenoids, is also a contributory cause, and any measures which may be devised to prevent or overcome mouth-breathing, will also be of great help in preventing the development of enlarged tonsils and adenoids, and so of deafness and mental obtuseness. I am of opinion that the greatest amount of success will be derived from a fuller appreciation by the teaching staff of the importance of hygienic principles, more especially of correct breathing. The teachers would then take greater pains with breathing exercises for the scholars and would ensure that those children in special need of such exercises, obtain as much attention as possible.

When adenoids become marked in any case, their removal by operation is often the only appropriate treatment. Parents have great difficulty in some instances in obtaining this surgical treatment, as hospitals are few and far between, and many general medical practitioners do not wish to undertake the work. The difficulty has recently increased, owing to the fact that some institutions have closed their doors against cases found at school

A table follows which shows the number of cases of deafness associated with enlarged tonsils, and cases not so associated. It will be observed that among "entrants," the majority of children with deafness have also enlarged tonsils; whereas, among "leavers" there is a majority without enlarged tonsils. The meaning of these figures is that obstruction to breathing in early life produces effects (*e.g.* deafness), which persists throughout the whole time a child is at school, whilst the obstruction itself tends to disappear.

Age.	Sex.	Number examined.	Number in whom deafness was associated with Enlarged Tonsils or Adenoids.	Number in whom deafness was NOT associated with Enlarged Tonsils or Adenoids.	Percentage.		**Percentage of deaf children with Adenoids to the total number of deaf children.**
					Deafness associated with Enlarged Tonsils or Adenoids.	Deafness not associated with Enlarged Tonsils or Adenoids.	
5	Boys..	3676	29	11	0·78	0·29	"Entrants." 72·50
	Girls..	3613	26	20	0·71	0·55	56·52
6	Boys..	915	8	1	0·87	0·10	88·88
	Girls..	1002	7	5	0·69	0·49	58·33
13	Boys..	3922	61	161	1·55	4·10	"Leavers." 27·47
	Girls..	3938	62	151	1·57	3·83	29·10
14	Boys..	50	2	2	4·00	4·00	50·00
	Girls..	58	1	7	1·72	12·06	12·50
Total	Both sexes ..	17174	196	358	1·14	2·08	35.37

Tables 15 and 16 give the numbers of children suffering from deafness and from discharging ears. The results shown are similar to the results of previous years. It is often difficult accurately to test a child's hearing on school premises during school hours; and the figures given below must be regarded as approximate only. Possibly some of the slighter cases of deafness have been missed.

DEAFNESS.

Table 15.—Showing the number of children who suffered from deafness.

Age.	Sex.	Numbers examined.	Cases of defective hearing.	Percentage.
5	Boys	3,676	40	1·08
	Girls	3,613	46	1·27
6	Boys	915	9	0·98
	Girls	1,002	12	1·19
13	Boys	3,922	222	5·65
	Girls	3,938	213	5·40
14	Boys	50	4	8·00
	Girls	58	8	13·79
Total	Both Sexes	17,174	554	3·22

DISCHARGING EARS.

Table 16.—Showing the number of children who were found to have discharging ears.

Age.	Sex.	Cases examined.	Number with ear discharge.	Percentage.
5	Boys	3,676	33	0·89
	Girls	3,613	32	0·88
6	Boys	915	4	0·43
	Girls	1,002	4	0·39
13	Boys	3,922	52	1·32
	Girls	3,938	46	1·16
14	Boys	50	0	0·00
	Girls	58	2	3·44
Total	Both Sexes	17,174	173	1·00

Vision.—Table 17 shows the number of children with defective vision found by medical inspectors at their routine inspections, among "entrants" and "leavers." 439 other defective children were found among "special" cases. As on previous occasions, the table shows that more girls are affected than boys, and that there is an increasing incidence at the higher ages.

As it appears to me to be a matter demanding attention, I will repeat the following summary from a report of a committee of the British Association for the Advancement of Science, on the subject of the "Influence of School Books upon Eyesight."

> "(1) The existence of a very serious amount of visual defect among children of school age is established as a result of official inspection. Some portion of this defect is preventable by greater care in the selection of books.
>
> "(2) It is desirable that a standard of book-production should be established, and that the publication of books below standard should cease.
>
> "(3) It appears possible that the adoption by Local Education Authorities of a common standard would render unprofitable the publication of books which failed to reach such standard.
>
> "(4) It is hoped that this report may assist the responsible authorities in the work of determining the standard of book-production requisite for the protection of the eyesight of children so far as it is influenced by the books which children are compelled to read in school."

Table 17.—Showing the number of cases of defective vision noted among boys and girls of different ages.

Age.	Sex.	Numbers examined.	Cases of defective vision.	Percentage.
5	Boys	3,676	14	0·38
	Girls	3,613	9	0·24
6	Boys	915	10	1·09
	Girls	1,002	4	0·39
13	Boys	3,922	712	18·15
	Girls	3,938	992	25·19
14	Boys	50	12	24·00
	Girls	58	15	25·86
Total	Boys	8,563	748	8·73
	Girls	8,611	1,020	11·84

The next table gives further particulars regarding these cases of defective vision. It shows that the left eye is. more often affected than the right, and that the greater incidence among girls is due chiefly to a larger number of severe defects.

The following table shows defects of the eyes other than defects of vision. The most noteworthy point shown is that more infants are affected by "squint" than older children. This is due to the fact that as the vision of a squinting eye deteriorates, the squint becomes less and tends to disappear altogether. Parents sometimes allege as a reason for failing to obtain treatment for squint, that the squint will disappear as the child gets older. They do not realise that disappearance of the squint is not the same thing as cure of the causal defect.

Age Group.	Squint.	Bleph.	Conjunc.	Corneal Ulcer.	Other.
Boys at 13	17	25	8	2	21
Girls at 13	32	25	12	3	24
Boys at 14	—	1	—	—	1
Girls at 14	—	—	—	—	1
Boys at 5	56	32	5	—	27
Girls at 5	80	31	10	—	20
Boys at 6	28	8	2	—	2
Girls at 6	24	13	2	—	7
	237	135	39	5	103
	519				

TEETH.—The number of children with defective teeth remains between 50 and 60 per cent. of the total number of children examined. It should be remembered that only the grosser defects are, as a rule, recorded by the medical inspectors so that the real prevalence of dental caries is considerably greater than the figure stated below. It will be seen on reference to page 52 that an immediate beginning is to be made with dental treatment at the clinics, a whole-time school dentist having already been appointed.

Table 18.—Showing the percentage of children with teeth found to be defective, or in an unsatisfactory state as regards cleanliness.

Age.	Sex.	Numbers examined.	Defective Teeth.		In an unsatisfactory state as regards cleanliness.	
			Actual Number.	Percentage.	Actual Number.	Percentage.
5	Boys	3,676	1,934	52·61	449	12·21
	Girls	3,613	1,848	51·14	358	9·90
6	Boys	915	530	57·92	165	18·03
	Girls	1,002	564	56·28	173	17·26
13	Boys	3,922	2,281	58·15	1,241	31·64
	Girls	3,938	2,154	54·69	950	24·12
14	Boys	50	26	52·00	11	22·00
	Girls	58	30	51·72	11	18·96

The subjoined table shows the number of children with more than four decayed teeth, and the number with four, or less than four, decayed teeth.

Age.	Sex.	Number examined.	More than four defective teeth.	Four and less defective teeth.	Total number with carious teeth.
5	Boys ...	3676	479	1455	1934
	Girls ..	3613	438	1410	1848
6	Boys ...	915	163	367	530
	Girls ...	1002	164	400	564
13	Boys ...	3922	258	2023	2281
	Girls ...	3938	259	1895	2154
14	Boys ...	50	7	19	26
	Girls ...	58	3	27	30
Total...	Boys ...	8563	907	3864	4771
	Girls ...	8611	864	3732	4596
Total...	Irrespective of sex ...	17174	1771	7596	9367

Epilepsy and Chorea.—The subjoined classification shows that twenty-six children of all ages were brought to the notice of the medical inspectors on account of epilepsy, and sixteen on account of chorea. The totals here given by no means represent the entire child population suffering from these diseases, as the worst cases are not in attendance at school. The rule followed as regards school attendance in cases of epilepsy, is to exclude those children who have very frequent fits, or who present an altered mental state such as inability to learn, or a general demeanour which interferes with school discipline.

Table 19.—Showing the number of cases of Epilepsy and Chorea which were reported at the inspections.

Age.	BOYS.			GIRLS.		
	Numbers examined.	Number found to be suffering from		Numbers examined	Number found to be suffering from	
		Epilepsy.	Chorea.		Epilepsy.	Chorea.
5	3676	2	1	3613	0	0
6	915	0	0	1002	0	0
13	3922	6	3	3938	3	1
14	50	0	0	58	0	0
Other ages	988	9	7	975	6	4
Totals ..	9551	17	11	9586	9	5

HEART DISEASE.

Table 20.—Showing the number of cases of Heart Disease discovered am ng children at the undermentioned ages.

Age.	BOYS.			GIRLS.		
	Number examined.	Defects.		Number examined.	Defects.	
		Number.	Percentage.		Number.	Percentage.
5	3676	25	0·68	3613	26	0·71
6	915	8	0·87	1002	10	0·99
13	3922	63	1·60	3938	62	1·57
14	50	0	0·00	58	2	3·44
Other Ages	988	16	1·62	975	18	1·84
Totals	9551	112	1·17	9586	118	1·23

It was necessary to exclude four of these children for a time. A few others are sufficiently severe to make the ordinary physical exercises undesirable ; whilst the majority are subjected to no present disability. In consequence of the liability of the latent form of the disease to become manifest, and the manifest form to get worse, it is necessary that all these children should be kept under supervision. Medical inspectors are therefore required to make occasional re-examinations of cases of heart disease previously reported.

PARALYSIS AND DEFORMITY.

Table 21.—Showing the number of cases of Paralysis and Deformity discovered among children at the undermentioned ages.

Age.	BOYS.			GIRLS.		
	Number examined.	Defects.		Number examined.	Defects.	
		Number.	Percentage.		Number.	Percentage.
5	3676	32	0·87	3613	27	0·74
6	915	8	0·87	1002	5	0·49
13	3922	53	1·35	3938	61	1·54
14	50	1	2·00	58	0	0·00
Totals	8563	94	1·09	8611	93	1·07

TUBERCULOUS DISEASES.—The following tables show the number of cases of tuberculosis which have been discovered during the year under review.

Table 22.—Showing the number of cases of phthisis, suspected phthisis, and other tuberculous conditions discovered among entrants and leavers in 1913.

Sex.	Number examined.	Total cases discovered at ages 5, 6, 13 and 14.			Cases per 1,000 examined.		
		Phthisis.	Suspected Phthisis.	Other tuberculous conditions.	Phthisis.	Suspected Phthisis.	Other tuberculous conditions.
Boys	8,563	8	14	7	0·93	1·63	0·81
Girls	8,611	10	18	9	1·16	2·09	1·04

Table 23.—Showing the age distribution of the above cases, and the rate per 1,000 of children found to be suffering from phthisis or other tuberculous conditions.

Age.	Boys.			Girls.			Total.			Number examined.	Total rate per 1,000		
	Phthisis.	Suspected Phthisis.	Others.	Phthisis.	Suspected Phthisis.	Others,	Phthisis.	Suspected Phthisis.	Others.		Phthisis.	Suspected Phthisis.	Others.
5	1	1	3	2	3	5	3	4	8	7,289	0·41	0·54	1·09
6	1	2	2	3	2	2	4	4	4	1,917	2·08	2·08	2·08
13	6	10	2	5	13	2	11	23	4	7,860	1·39	2·92	0·50
14	0	1	0	0	0	0	0	1	0	108	0·00	9·25	0·00
Except. cases.	10	10	9	7	8	5	17	18	14	1,963	8·66	9·16	7·13
Total.	18	24	16	17	26	14	35	50	30	19,137	1·82	2·61	1·56

Arrangements are now made whereby children suffering from tuberculosis can be treated at the Tuberculosis Dispensaries, of which there are eighteen in the County.

With respect to the future, I should like to see the principle adopted and extended of open-air or playground classes. From my previous experience I am convinced that these classes are extremely valuable for children with anæmia and low resisting power generally.

TREATMENT.

(*f*). *Review of the methods employed or available for the treatment of defects, such as defective eyesight, carious teeth, nasal obstruction or adenoids, tonsilitis, discharging ears, pediculosis, ringworm, and other skin diseases, including an account of the action of school nurses in obtaining or assisting in the treatment of such defects.*

Treatment if undertaken is obtained in one or other of the following ways:—(*a*) home remedies are applied, (*b*) a chemist or less skilled persons may be asked to suggest remedies, or in cases of eye defects, to fit a child with spectacles, (*c*) a doctor or dentist may be consulted either by *i.* paying a fee, *ii.* by the child being a member of some provident association, or *iii.* by obtaining an order from the Relieving Officer to obtain the help of the District Medical Officer, or (*d*) a recommendation for a hospital may be obtained.

The methods employed to ensure that treatment is obtained are briefly as follows:—It is an ordinary routine requirement that every parent should be notified of any defect from which a child may be found to be suffering. Every child in respect of whom such a recommendation has been made is re-examined on the occasion of the next inspection and where no action has been taken a further recommendation is forwarded. In cases where treatment is a matter of urgency a special letter is sent to the school correspondent directing attention to the defect and requesting the Managers to interest themselves in the case. A list of all children found to be defective at the medical inspection is forwarded to the Managers a few days subsequent to the inspection. Special efforts have been made to ascertain the reason why parents have failed to obtain treatment for the children in certain districts. In these places the parents have been requested to meet the medical inspector at the school so that they may have the benefit of a personal interview at which he can more fully explain the requirements of the case and also obtain reliable information as to the reason for the failure to obtain medical advice. In a few instances, after-care committees, comprising the managers and a few co-opted members, have been formed to interest themselves in the school children, and information for their use respecting defective children has so far been forwarded through the Clerks of the Local Attendance Committees. In those districts where nurses are engaged a list of children requiring treatment is forwarded to the nurse who continues to visit the parents so long as she has any hope that the parents will ultimately follow her advice. In certain instances Boards of Guardians have assisted either by the payment of railway fares or by making a contribution towards the purchase of surgical appliances in cases of necessity.

In 1912, the Kent Education Committee approved a scheme of work for the further amelioration of defects found on medical inspection. This scheme comprised five chief sections :—

(*i.*) An extension of nursing arrangements.

(*ii.*) Establishment of school inspection clinics.

(*iii.*) Treatment of dental defects.

(*iv.*) Treatment of defects of vision.

(*v.*) X-ray work.

The progress from the point of view of amelioration may be best summed up by a sketch of what has been done in each of these five divisions.

(*i.*) It may be recalled that during 1912 the duties of local nurses working under the auspices of the Kent County and other Nursing Associations were extended so as to include visits to the schools.

In June, 1913, a nurse (Miss Thorne) was appointed for three months in order to assist in dealing with an outbreak of ringworm in the Ashford schools. At the end of this period it was decided that a second whole-time nurse should be added to the permanent staff, and Miss Thorne obtained the appointment. Her district is the South Eastern portion of Kent, Miss Griffin retaining the North Western portion.

An attempt has been made to secure the appointment of nurses in various parts of the county who would undertake work for the District Councils concerned in connexion with the Notification of Births Act, 1907, and also the work in connexion with School Nursing and Tuberculosis Nursing for the Kent Education Committee and the Kent County Council respectively.

So far these negotiations have been successful in Milton, Sittingbourne and Sheerness, but they have failed in Tonbridge and Sevenoaks.

(*ii.*) The general objects of a School clinic were pointed out in the last Annual Report. Briefly they are as follows :—

(a) To serve as a centre from which all work associated with the welfare of children—other than that of routine inspection—could be supervised.

(b) To afford facilities for the examination of certain children, who cannot with advantage be examined in school buildings.

(c) To serve as a centre for co-ordinating the agencies for "following up."

(d) To afford facilities for the supervision of children suffering from such conditions as uncleanliness and ringworm.

(e) To enable a more complete supervision of all cases of phthisis to be exercised.

(f) The examination of children suffering from infectious ailments, before their return to school.

(g) To provide a centre to which attendance officers, school nurses, and head teachers may send children who are not under medical treatment, but who are absent from school for some indefinite reason.

(h) For the use of Care Committees in obtaining advice or information with regard to particular children.

In 1912, the Committee had already approved the establishment of four clinics, viz., at Tonbridge, Dartford, Sheerness and Sittingbourne. During 1913, Ashford was added to this list. Unfortunately, there has been great difficulty in obtaining suitable premises, and at the end of the year, the only clinic actually working was the one at Sittingbourne (opened on November 15th, 1913). At Dartford, two rooms have been hired from the Trustees of the Dartford Wesleyan Sunday School. These rooms require slight structural alterations, in order to make them conform to the requirements of the Board of Education. These alterations are in hand and the clinic will be opened shortly. At Ashford, No. 14, Canterbury Road has been taken on a three years' agreement; the house is being re-decorated and will be ready for use as a clinic in the course of a few weeks. At Tonbridge and Sheerness, it has been necessary for the Committee to arrange to erect suitable buildings, and sites have been approved in connexion with new schools in each of these two areas.

These five clinics will be available for a school population of 16,500, or rather more than $\frac{1}{5}$th of the total school population of the Administrative County.

Besides forming centres for the purposes already mentioned, the clinics will be used for dental treatment, for ophthalmic work, and for the treatment of minor defects of the ears, skin, &c.

(*iii.*) DENTAL TREATMENT.—In 1912 the Committee appointed local dentists to carry out treatment at the clinics on one session per week at each place. These dentists have resigned for various reasons, without having begun the work, and their place has been taken by a whole-time dentist, Mr. C. E. Thomas, L.D.S., whom you appointed on December 22nd, 1913. He began his duties on January 1st, 1914. This new arrangement will be more economical than the employment of part-time men, without there being any sacrifice of efficiency.

(*iv.*) The Committee have appointed Dr. J. W. Fox (who is also Assistant School Medical Officer) to carry out ophthalmic work in the county during a portion of his time—three or four sessions per week. This work consists of a more thorough examination in the areas where there are school clinics, of those children who have been found by the medical inspectors at their routine inspection, to be suffering from defects of vision, defects which probably require treatment by means of spectacles.

Dr. Fox began this work on December 8th, so that only a few children had been examined by the end of the year—24 children made 49 attendances at Sittingbourne clinic, and 18 pairs of glasses were prescribed. The ophthalmic surgeon will devote his time equally at the different clinics, as these are opened, but at the end of the year only Sittingbourne Clinic was ready. A full report with regard to eye work must be postponed until more material is available. It will suffice at the present time to mention that the Committee have entered into an agreement with a firm of opticians for the supply of glasses at a low rate. The Committee have undertaken no financial obligations in the matter, and the firm of opticians have to collect the payments for themselves, direct from the children's parents.

(v.) X-RAY TREATMENT OF RINGWORM.—The arrangements with Dr. Palk, of Folkestone, for the X-ray treatment of ringworm have been continued. One guinea per case is charged to the Committee, and the parents contribute towards this expenditure according to their means, besides defraying their travelling expenses. Owing to difficulty of access, Folkestone is not available for North Kent, and the Committee have been able to arrange for cases occuring in their area to be treated at Guy's Hospital. The Authorities at Guy's Hospital make no charge, but any contributions of the parents are handed over to the hospital. The amount of work which has been done under this heading is considered on pages 39 and 40.

WHOLE-TIME NURSES.—The following summaries will assist in the formation of an idea of the scope and amount of the work done by the two whole-time nurses :—

Summary of work carried out by Nurse Griffin during 1913.

Number of visits to schools...	215
,, of schools visited for the first time in 1913	34
,, of girls examined	5764
,, of examinations of girls	10676
,, of girls found to be verminous	1892
,, of times girls were found to be verminous	4074
,, of certificates of exclusion issued in respect of verminous girls	312
,, of boys examined	4625
,, of examinations of boys	6281
,, of boys found to be verminous	146
,, of times boys were found to be verminous	266
,, of certificates of exclusion issued in respect of verminous boys	64
,, of visits paid to homes of verminous children ...	69
,, of visits paid to district nurses	3
,, of prosecutions	1
,, of attendances at police courts	2

Number of attendances at Sittingbourne Clinic...	14
,, of cases of scabies dealt with	10
,, of cases of impetigo dealt with	29
,, of cases of chickenpox dealt with	2
,, of cases of discharging ear and conjunctivitis, etc. dealt with	5
,, of cases of ringworm dealt with	220
,, of visits to homes of cases of ringworm	629
,, of cases of ringworm taken to Folkestone for X-rays	29
,, of cases of ringworm taken to Guy's Hospital for X-rays	34

In addition, Nurse Griffin visited London on two occasions for the purpose of obtaining a temporary nurse to help in combating the outbreak of ringworm at Ashford; she also gave three lectures and demonstrations to district nurses on "ringworm." Miss Griffin has also frequently assisted medical inspectors at schools, in their investigations of outbreaks of ringworm.

Summary of work carried out by Nurse Thorne, since her appointment in June, 1913.

Outbreak of Ringworm in the Urban District of Ashford.

Number of cases of ringworm	100
,, of examinations made, either at the homes of the children, or at the ringworm centre... ...	1025
,, of cases taken to Folkestone for X-ray treatment ...	13

General Work (for the period October 27th to December 24th, 1913.)

Number of visits to schools	59
,, of girls examined	1575
,, of examinations of girls	3154
,, of girls found to be verminous	341
,, of girls found to be verminous and excluded from school	166
,, of boys examined	2644
,, of examinations of boys	3234
,, of boys found to be verminous	50
,, of boys found to be verminous and excluded from school	14
,, of visits paid to homes	20
,, of visits paid to district nurses	2
,, of cases of scabies dealt with	0
,, of cases of impetigo dealt with	0
,, of cases of ear discharge dealt with	10
,, of cases of ringworm (excluding Ashford) dealt with	16
,, of cases of ringworm (excluding Ashford) taken to Folkestone for X-ray treatment	3

Part-time Nurses.—These nurses are local district nurses working under the auspices of the Kent County or other Nursing Associations, through which the Education Committee has made arrangements for utilizing their services. Their chief duties in connexion with the school children are:—

(1). To be present at the medical inspections.

TABLE 24.—Showing the work done by the Nurses of the Kent County Nursing Association and certain non-affiliated Committees in respect of children attending schools in the area of the Kent Education Committee during 1913.

Name of District.	Under continuing Medical Supervision.				Cases in which assistance was given to parents.										Total number of children assisted with treatment.	Number of parents visited to persuade them to obtain medical treatment for defects found at the medical inspections.	Total number of visits made to parents and children.	Number of routine inspections made at schools for verminous conditions.
	Eyes.		Ears.		Impetigo.		Scabies.		Ringworm.				Verminous Conditions.					
									Doctor in attendance.		No Doctor in attendance.							
	Cases	Visits	Cases	Visits	Cases	Visits	Cases	Visits	Cases	Visits	Cases	Visits	Cases	Visits				
Bearsted	3	10													3	24	48	—
Boughton	1	36											30	87	31	80	244	5
Bridge	1	3							2	12					3	20	68	—
Capel			1	26	1	7							7	18	9	12	62	9
Chipstead...													1	4	1	11	18	—
Cowden	3	5			1	4					1	14	1	7	6	20	35	—
Cudham			1	3									1	19	2	5	27	—
East Malling	6	26	2	4									11	26	19	42	107	—
Edenbridge	1	1													1	20	44	—
Farnborough	5	13			5	43							2	16	12	25	75	—
Goudhurst					1	2					2	14	5	7	8	12	40	—
Groombridge	4	4											5	5	9	13	16	—
Hardres															—	14	28	—
Harrietsham			1	2											1	28	39	—
Hildenborough	2	4	1	1											3	20	29	—
Horsmonden											1	32			1	22	69	—
Kemsing			1	49									2	9	3	14	74	—
Kennington	3	7	1	2											4	18	38	—
Kingsdown													4	16	4	12	38	—
Keston	1	3													1	3	10	—
Langton			1	12											1	17	32	—
Marden					4	7					1	5	1	3	6	21	71	3
Meopham...	1	2													1	22	45	—
Milton Regis	22	76	3	99							2	18	11	44	38	141	544	2
Newnham	1	30							4	24					5	18	58	—
Penshurst															—	10	23	—
Plaxtol							2	10							2	3	14	—
Sandwich...	1	8	2	24	4	25			2	10			17	59	26	43	172	—
Sevenoaks	8	57	5	15					4	55	1	2	3	15	21	43	222	—
,, Weald	2	5											2	12	4	8	29	—
Sheerness	2	38	18	630	1	6			6	72			1	8	28	399	1446	—
Sittingbourne	4	25	7	48					2	18					13	216	413	4
Southborough	23	75	8	57	3	42			5	185	10	197			49	102	605	—
Speldhurst															—	8	14	—
Stone	1	161	1	123	4	22					6	33	4	17	16	75	485	—
Sundridge	1	14	2	24	1	8									4	14	64	—
Swanley	9	62	3	19	2	5			1	5			8	26	23	65	202	3
Teynham	1	41							3	24					4	33	212	—
Throwley															—	12	35	—
Walmer											1	33	1	7	2	43	121	—
Wateringbury	5	16	2	9					1	10			6	24	14	32	98	—
Wye											4	199	2	3	6	20	227	3
*Broadstairs St. Peter's					4	28			3	14	2	38	6	18	15	43	169	This Nurse has visited St. Peter's School with Nurse Thorne.
*Chelsfield			1	6	10	83							8	11	19	35	110	—
*Cranbrook													4	9	4	13	approx. 40	—
*Chislehurst	1	3	4	28					3	26			2	4	10	77	,, 200	—
*Eastry			2	9	8	24							21	63	31	40	,, 176	—
*West Wickham											4	43	2	6	6	16	176	—
*Whitstable	2	18			6	12	1	20	7	56	13	140	22	34	51	115	442	This Nurse has visited severa Schools with Nurse Griffin.
Total	114	743	67	1190	55	318	3	30	43	511	48	768	190	577	520	2099	7549	29
Figures for 1912	36	230	43	652	50	317	3	24	41	747	64	700	87	407	324	1119	6857	Nil.

* Districts not affiliated to the Kent County Nursing Association.

(2). To visit the parents of children found defective thereat, and encourage these parents to obtain adequate treatment.

(3). To treat certain minor ailments, and to assist medical practitioners in the treatment of other ailments when such assistance is welcomed.

(4). To visit the schools and inspect all the children in attendance, when requested to do so by the School Medical Officer.

Work done on these lines continues to be of great help in the realization of the object of medical inspection. The attached table will indicate its nature and extent. The table shows quite clearly that a considerable amount of useful work is being undertaken by these nurses.

Exclusion by Medical Inspectors during 1913.

Disease.		No. of Children.
Verminous conditions	Head ...	144
	Body and Clothing ...	8
Contagious ailments	Ringworm ...	141
	Impetigo ...	116
	Scabies ...	10
Skin diseases	Eczema ...	12
	Other ...	2
Infectious diseases		29
Tuberculous diseases	Phthisis ...	56
	Suspected Phthisis ...	7
	Other ...	5
Non-tuberculous disease of lungs		6
Eye diseases and defects ...		17
Mentally defective, epileptic, &c.		12
Chorea		6
Ear discharge		5
Tonsilitis		2
Sore throat		4
Heart disease		4
General dirtiness		7

Disease.	No. of Children.
Anæmia	2
Burn on leg	1
Dental abscess	3
General neglect	2
Sores on hand	1
Delicacy	2
General debility	6
Sequelæ of diphtheria or scarlet fever	1
Incontinence of urine ...	1
General malnutrition ...	2
Whooping cough	1
Jaundice	2
Adenoids, enlarged tonsils and glands	3
Nasal discharge	2
Gastritis	1
Dermatitis	1
Rickets	1
	625

The exclusion certificates of the medical inspectors are in triplicate form. One copy is retained at the school for the use of the school attendance officer, one is forwarded to the School Medical Officer, and the other is retained by the inspector. The total number of such exclusion certificates granted during the year was 625.

EXCLUSION BY PRIVATE PRACTITIONERS.

Disease.	Period of Exclusion.						Total.
	Under 2 weeks.	2-3 weeks.	3-4 weeks.	4-5 weeks.	5-6 weeks.	6 weeks & over.	
Phthisis	—	—	—	—	—	7	7
Other Tubercular Diseases	—	—	—	—	—	4	4
Contagious and Infectious Diseases :—							
Ringworm	—	—	—	4	1	4	9
Impetigo	—	1	2	1	—	1	5
Scabies	—	—	—	—	—	1	1
Whooping Cough	—	—	—	2	—	—	2
Scarlet Fever	—	—	—	—	—	1	1
Eye Diseases and Defects	—	—	1	1	—	3	5
Eczema and Skin Ailments	—	—	—	2	—	—	2
Chorea	—	—	—	2	—	1	3
Mentally Defective, Epileptic and Neurotic Children	—	—	—	—	1	1	2
Debility (general)	—	—	—	1	—	11	12
Debility (nervous)	—	—	—	1	—	4	5
Non-tuberculous Lung Ailments	—	—	—	1	—	3	4
Anæmia	—	—	—	—	—	1	1
Tonsillitis	2	—	—	—	—	1	3
Sore Throat	1	—	—	—	—	—	1
Catarrh	—	—	—	1	—	—	1
Enlarged Glands	1	—	—	1	—	1	3
Poisoned Finger	1	—	—	—	—	—	1
Broken Leg	—	—	—	—	—	1	1
Colitis	—	—	1	—	—	—	1
	5	1	4	17	2	45	74

Regulation 194 (*b*) requires that the names of all children who receive medical certificates allowing absence for one month or more must be reported to the School Medical Officer. This instruction has reference to certificates given by practitioners who are not medical inspectors, and in compliance with the above regulation, seventy-four certificates were received. In certain cases certificates requiring exclusion for a shorter period were forwarded. It is now necessary for every certificate requiring exclusion of a child, issued by a medical practitioner, to be entered in the medical log book. These certificates are scrutinised by the medical inspectors at the routine inspection and any children who have been so excluded are examined, provided the cause of absence indicates that such examination is desirable.

In certain of the above instances enquiries were deemed necessary, and in a large number of cases the school attendance officer was requested to arrange that the children excluded should be presented at the next inspection.

INFECTIOUS DISEASES.

(*g*) *Review of action taken to detect and prevent the spread of infectious diseases, including reference to action taken under Articles 45* (*b*), *53* (*b*), *and 57 of the Code of 1908.*

When a head teacher has reason to believe that a child is suffering from scarlet fever, diphtheria or typhoid fever, the circumstances should be reported both to the medical officer of health for the district and to the School Medical Officer on forms supplied for that purpose. As regards other infectious diseases, such as measles, whooping-cough, mumps and the like, teachers are similarly instructed to report the existence of such diseases to the medical officer of health of those districts where special arrangements have been made for that purpose. These arrangements are only made when the local organisation is such that it is possible to put to practical use the information conveyed by the teacher. In other instances, the instructions forwarded to head-teachers state that "the School Medical Officer should be notified when there is reason to believe that a school is threatened with an epidemic of measles or whooping-cough. A visit of the medical inspector will be arranged, for the purpose of giving advice as to the course of action to be followed.

All teachers are provided with information respecting the symptoms of the commoner zymotic ailments and the chief epidemiological features of these diseases, as well as suggestions relating to the duration of exclusion of patients and contacts. A pocket memorandum, setting out the main features presented by the commoner infectious diseases observed in schools, has likewise been prepared ; and each teacher in the Committee's employ has been supplied with a copy.

The precautionary notices, prepared last year and approved by the Committee for distribution in schools, threatened with outbreaks of scarlet fever, diphtheria, whooping-cough or measles, are forwarded to a school when either the district medical officer of health or the medical inspector considers their distribution among the scholars desirable.

Arrangements have been made to ensure that the best use is made of the information obtained from the compulsory notification of pulmonary tuberculosis.

School Closures.—The following tabulation sets out the number of school closures, the different diseases which called for that step, and the duration of closure.

Reason of Closure.	Under 1 week.	1-2 weeks	2-3 weeks.	3-4 weeks.	4-5 weeks.	5-6 weeks.	6 weeks & over.	Total.
Scarlet Fever	1	6	3	1	1	—	—	12
Diphtheria	1	1	1	1	1	—	—	5
Measles	2	10	35	45	12	1	2	107
Whooping Cough	—	1	9	7	5	3	1	26
Chicken-pox	—	—	1	1	—	1	—	3
Mumps	—	1	—	—	—	—	—	1
Enteric Fever	1	—	—	—	—	—	—	1
Conjunctivitis	1	—	—	—	—	—	—	1
Chicken-pox and Mumps	1	—	—	—	—	—	—	1
Measles and Whooping Cough	—	1	1	2	1	1	—	6
Measles and Chicken-pox	—	—	1	—	—	—	—	1
Measles, Chicken-pox and Scarlet Fever	—	—	1	—	—	—	—	1
Measles and Influenza	—	—	1	—	—	—	—	1
Measles and Diphtheria	—	—	—	1	—	—	—	1
Whooping Cough, Chicken-pox and Diphtheria	—	—	1	—	—	—	—	1
Whooping Cough and Ringworm	—	—	1	1	—	—	—	2
Whooping Cough and Chicken-pox	—	—	1	—	—	—	—	1
Scarlet Fever, Whooping Cough and Chicken-pox	—	—	1	—	—	—	—	1
Scarlet Fever and Diphtheria	—	—	1	—	—	—	—	1
Scarlet Fever and Structural Alterations	—	—	—	1	—	—	—	1
Cerebro-Spinal Meningitis	—	—	—	—	—	—	1	1
Sanitary Improvements, &c.	—	1	—	—	—	—	—	1
	7	21	58	60	20	6	4	176

Very few schools were closed by Local Sanitary Authorities under Sec. 57 of the Education Code.

I do not consider that the question of school closure is satisfactorily met by present procedure. As pointed out last year, it frequently happens that epidemic prevalence of infectious disease arises independently of the schools. It affects attendance just the same, and there is always the temptation to yield to economic consideration and close the affected schools in order to save grant. In assessing the amount of grant, it might be possible to consider the general efficiency of a school, instead of merely noting the average attendance.

The disinfection of schools and the closure of Sunday schools are provided for in the two following regulations:—

> "After a school has been closed on account of the prevalence of infectious disease, it is necessary that a special wet-cleansing of the whole school should be undertaken. All surfaces which can be washed should be so treated. All maps, pictures, and other articles liable to retain dust should be taken down and wet-cleansed; cupboards should be examined, and all useless litter destroyed. Authority for the destruction of stock articles should be sought on Form St. 505 (Committee's Regulations, paragraph 97). In those districts in which the disinfection of premises is undertaken by the Sanitary Authority, it would be advisable for the Managers to arrange for the final cleansing to follow that process."
>
> "When a school has been closed to prevent the spread of infectious disease, it is essential that such closure should extend to the Sunday School for the same period, and even when the Sunday School is held in a different building it would still be advisable for the closure of the day school to be extended to the Sunday School."

Medical inspectors continue to co-operate with district medical officers of health, by assisting in the investigation of outbreaks of infectious disease, affecting schools.

MENTALLY AND PHYSICALLY DEFECTIVE CHILDREN.

(h.) Review of the methods adopted and the adequacy of such methods for dealing with blind, deaf, mentally or physically defective and epileptic children under the Acts of 1892 and 1899.

The chief legislative enactments, which enable Local Education Authorities to deal with the above-mentioned groups of children, are the Elementary Education (Defective and Epileptic Children) Act, 1899, and the Elementary Education (Blind and Deaf Children) Act, 1893. The Mental Deficiency Act will come into operation on April 1st, 1914. At the present time the Committee are not obliged to deal with deaf and dumb, epileptic, and mentally defective children. At the end of 1913 the Kent Education Committee were maintaining the following in approved institutions:

Blind Children	11
Deaf ,, ...	39
Mentally Defective	1
Epileptic	2

MENTALLY DEFECTIVE CHILDREN.—These children are defined by the Elementary Education (Defective and Epileptic Children) Act, 1899, as being children who "not being imbecile, and not being merely dull or backward, are by reason of mental . . . . . defect incapable of receiving proper benefit from the instruction in ordinary public elementary schools, but are not incapable by reason of such defect of receiving benefit from instruction in such special classes or schools as are in this Act mentioned."

The term "feeble-minded" is sometimes applied to these children, and the Royal College of Physicians has defined feeble-minded persons as those "who may be capable of earning a living under favourable circumstances, but are incapable from mental defect existing from birth or from an early age (a) of competing on equal terms with their normal fellows; or (b) of managing themselves or their affairs with ordinary prudence," and moral imbeciles as "persons who from an early age display some mental defect, coupled with strong vicious or criminal propensities, on which punishment has little or no deterrent effect." Mentally defective children are also found among epileptic, blind, and deaf and dumb children.

Cases of mental deficiency exist throughout the County, and most villages have one or more such afflicted children. Some are in attendance at school, others, more unruly, have been excluded and are running about "wild," whilst worse cases still may be in institutions, though I think that but few have been removed from home, as the number of places available throughout the County is totally inadequate for dealing with the amount of feeble-mindedness which is known to exist.

The position in the County is practically the same as this time last year. One school with 78 places is open at Dartford for the instruction of mental defectives and a new school to serve the Tonbridge district is nearly completed. Practically no accommodation can be obtained in the various residential schools, and although the Committee are prepared to make arrangements it is not possible to do so. The Mental Deficiency Act imposes certain new duties on Local Education Authorities, the most important of which are that they shall ascertain what children between the ages of seven and sixteen are incapable by reason of mental defect of receiving benefit, or further benefit from instruction in special schools or classes, and that they shall notify the names and addresses of such children to the Local Authority under the Act (Sec. 31 (b) and (c)). In the majority of cases, it is difficult to say that any particular mentally defective child is not capable of benefitting by special instruction, and the only sure means of ascertaining is to make a trial of such special instructions.

With regard to children who are capable of receiving benefit by instruction in special schools, the Committee have the option of dealing with them, under the Elementary Education (Defective and Epileptic Children) Act, 1899, by providing special schools. At the present time there is a measure before Parliament, the object of which is to replace this option by compulsion ; and I think it is desirable to await the result of this before making any recommendations affecting policy or involving further capital expenditure. I think, however, that the Committee might utilize, to a greater extent, the day accommodation for defectives already existing in the County. For instance at the Dartford School there are often some 20 vacant places, which might be filled by boarding-out suitable children in the neighbourhood (Ch. 32, 62 and 63 Vict. Sec. 2. 1 b.) ; or the places might be utilized to assist in determining whether a defective, but not imbecile, child, is or is not educable, as mentioned above.

The accompanying tabulation shows the number and distribution of children known to be mentally defective, and who are in attendance at the Committee's schools. During the year, five children have been excluded or re-excluded from school, owing to mental deficiency of such a character that their continued attendance would seriously affect their own or other children's interests.

Table 25.—Schools at which mentally defective children are known to be in attendance.

SCHOOL.	APPROVED CASES.				For re-exam'n	
	13 and over.		Under 13.			
	B	G	B	G	B	G
Acrise & Paddlesworth Council			1			
Alkham C.E.					1	
Appledore C.E.			1			
Ashford West Street ...	1					
,, Council		1	1	1		1
,, New Town ...			1		1	
,, Victoria Road R.C.				1		1
Ash Kelsey Charity ...	1					
Ashurst				1		
Bapchild & Tonge C.E.	1					
Barham			1			
Bexley Lamorbey C.E.			1			
,, Welling Coun.	1					
Birchington C.E. ...	1					
Birling Ham Hill C.E.		1				
Blean		1	1			1
Bobbing Council... ...			1		1	
Bonnington C.E. ...	1					
Boughton-under-Blean C.E.				1		
Boughton Monchelsea Council					1	
Brasted C.E.				1		
Bredhurst C.E.			1			
Brenchley C.E.					1	
Brenchley Paddock Wood Council			2			
Brenzett District ...	1			1		
Bridge & Patrixbourne			1			
Broadstairs C.E.... ...			1			
,, St. Peters	1	1	5			
Capel Council	3		3			
Chartham Council ...			1	1		
Chart Sutton C.E. ...			1			
Chelsfield Council ...			1			
Cheriton New Cheriton C.E.		1		1	2	
Chilham		1	1	1	1	
Chislehurst C.E.... ...			1			
Cliffe C.E.					1	
Cranbrook C.E.				1		
Cuxton Council	1					
Darenth Council... ...					1	
Dartford—						
Heath Street Coun.	2		8	4		
St. Alban's Road Co.		1	1	2		
West Hill Council..	1		2			
York Road Council	1		1		1	

SCHOOL.	APPROVED CASES.				For re-exam'n	
	13 and over.		Under 13.			
	B	G	B	G	B	G
Doddington Council ...			1			
Dunkirk Council ...		1				
Dunton Green	2		1			
East Farleigh Council				1		
Eastry			1			
Edenbridge C.E. ...		2	1			
Eythorn C.E.			1			
Farnboro' Council ...	1	3		1		
,, Green Street Green Coun.					1	
Farningham Council...				1		
Fawkham		1				
Footscray & Chislehurst C.E.						1
FootscrayLonglandsCo.			1			
,, Sidcup C.E.			1		1	
Goudhurst Winchethill C.E.	1			1		
Hadlow Council				1		
Halling Council	1		1			
Harbledown				1		
Hawkhurst C.E.... ...	1		1			
,, Highgate C.E.				1		
Herne Bay Council ...	1				1	2
Hernhill C.E.			1			1
Hever C.E.			1			
Hever Markbeech C.E.		1				
Hildenboro' C.E. ...			1			
Hollingbourn Council..			1			
Hoo St. Werburgh Council					1	
Horsmonden All Saints' C.E.	1					
Horton Kirby				1		1
Hunton...			1	1		
Hythe Council			6		1	
,, C.E.	1	1		2		1
Kennington				1		
Keston		1				
Langley		1			1	
Leigh C.E.		1	1			
Longfield C.E.			1			
Luddesdown C.E. ...	1		1			1
Lydd Council				2		
Marden Council	1		1	5		1
Meopham C.E.					1	
Milton Regis R.C. ...	1					
,, The Butts ...			1	1		
Monkton			1			
Mottingham	1					

SCHOOL.	APPROVED CASES.				For re-exam'n	
	13 and over.		Under 13.			
	B	G	B	G	B	G
Murston	1					
Nettlestead C.E.... ...			1			
Newington			1			
,, near-Folkestone C.E.			3			
New Romney C.E. ...			1			1
Northfleet C.E.				1		
,, Dover Road Co.			2			
,, Lawn Council..	3		1			
North Preston Without Council						1
Orpington—						
Chislehurst Rd. Co.	1					
Wellington Rd. Co.	1					
Otford C.E....			1	1		
Otham C.E....	1					
Pembury Council ...			3	2		
Queenborough Council	1				1	
Rainham Council ...			1			
,, C.E.	1		1	1		
Riverhead Earl Amherst's			1			
Rolvenden C.E.		1				
Ruckinge C.E.	1					
St. Mary Cray Council		1				
St.Mary'sRomneyM'sh		2			1	1
Saltwood C.E.	1		1			
Selling						1
Sellindge		1				
Sevenoaks Council ...	1			3		
,, St. John's ...			1			
Shadoxhurst			1			
Sheerness C.E.	2					
,, Blue Town Co.	2					
Sheldwich Leys		1	1		1	
Sittingbourne Council						1
,, St. Michael's	1	1				
Smarden Council ...		1	1			
Southborough Council	4	1	9	1		1
,, C.E.		1	4	2	1	
Southfleet C.E.					1	
Speldhurst			1			
,, Langton C.E.		1				
Staple C.E.	1		1			
Staplehurst Council ...	1					
Stockbury C.E.	1					
Stone The Brent Coun.	1				1	1
Swanscombe C.E. ...		2	1	1		
,, Greenhithe Galley Hill				1		
Swingfield Wootton and Denton	1		1			
Tenterden C.E.			2		1	
,, St. Michael's C.E.			1			
Thurnham C.E.... ...			1			1
Tilmanstone C.E. ...	1		1			
Tonbridge Wesleyan ...	1		1			
,, St. Stephen's C.E			3	1		
,, Sussex Road Co.	7	2	8	5	5	5
Trottescliffe	1	1				
Upchurch C.E.					2	
Walmer Parish			1			1
Westbere C.E.	1					1
Westerham C.E. ...	1	1				
West Farleigh				1		
West Malling—						
Boys C.E.	2					
Girls'&Infants'C.E.			1			1
West Peckham and Oxenhoath Paroch.			1	1		
Whitstable—						
Westmeads Coun...					1	
Wickhambreux	1					
Willesborough Council	1	2	1	1		
Wingham	1			1		
Wouldham			1			
Wrotham C.E.		1				1
Yalding...		1				
,, Laddingford ...				1		
,, St. Margaret's...			2			

Eighty-three cases of epilepsy are known to me. Of these, 7 are excluded from school either permanently or for a fairly lengthy interval. The majority of the remaining 76 should be under medical supervision and treatment, in which event they would not only make progress at school but their general condition might improve. It is too much to expect that this continuous medical supervision will be forthcoming.

Table 26.—Showing the schools at which epileptic children are in attendance.

SCHOOL.	Should be excluded from School.	Should be under treatment, but might continue in attendance.
Adisham	1	
Aylesford		2
Bexley Heath C.E.		1
Bobbing Council		2
Brenchley, Paddock Wood Council	1	
Broadstairs St. Peter's		1
Brook Council		1
Chartham Hatch Council		1
Chelsfield Green Street Green Council		1
Chilham		1
Cranbrook C.E.		2
Cranbrook Collier's Green		1
Crayford C.E.		1
Crayford North End Council		1
Dartford Heath Street Council		1
Dartford West Hill Council		1
Down Council		1
Dunton Green		1
East Peckham Council		1
East Peckham St. Michael's Parochial		1
Edenbridge, Haxted Road Council		1
Elmsted and Hastingleigh		1
Goudhurst C.E.		1
Great Chart Council		1
Great Mongeham C.E.		1
Halling Council		1
Herne Bay Council		2
Hoath C.E.		1
Horsmonden C.E.		2
Hougham		1
Ickham C.E.		1
Loose		1
Marden Council		1
Mersham Council		1
Minster		1
Mottingham Council		1
Northfleet R.C.		1
Northfleet Dover Road Council		1
Northfleet Lawn Council	1	1
Northfleet Rosherville		1
Otham C.E.		1
Queenborough Council		1
Rainham Council		2
Rainham C.E.		3
St. Mary Cray Council		1
Selling		1
Sheerness C.E.		1
Sheerness Blue Town Council	1	1
Sheerness Mile Town Council		2
Sittingbourne St. Michael's		1
Sittingbourne St. Michael's Mission C.E.		1
Southborough Council	1	
Southborough C.E.		1
Southfleet C.E.		1
Staple C.E.		1
Stone-in-Oxney C.E.		2
Stourmouth		1
Sutton-at-Hone C.E.		1
Swalecliffe C.E.		1
Swanscombe C.E.		2
Swingfield, Wootton and Denton	1	
Tenterden C.E.		1
Tilmanstone		1
Tonbridge C.E.		1
Tonbridge St. Stephen's C.E.		1
Trottescliffe		1
Wateringbury		1
Whitstable Oxford Street Council	1	1
Wye Council		1
Totals	7	76

(j) Account of miscellaneous work, such as the Examination of Scholarship Candidates, Pupil Teachers, or Teachers of any grade.

424 junior scholarship candidates, bursars, etc., were inspected during the year. The results are tabulated below:—

BURSARS, JUNIOR SCHOLARSHIP CANDIDATES, &c.

Centre at which examined.	Number examined.		OBSERVATIONS.
	Boys.	Girls.	
Bromley......	30	19	Seven boys and one girl required attention to their teeth, two boys were advised to obtain treatment for their tonsils, and one boy was advised to have his ears syringed. Six boys and one girl had defective vision, and were requested to obtain attention to the defect, or to have their vision re-tested. One girl was suffering from anæmia, and was advised to obtain treatment.
Maidstone ...	11	18	One boy and one girl had defective vision, and three boys and three girls were in need of dental treatment. One girl was advised to have her ears syringed, and one boy was recommended to have his hearing re-tested in twelve months' time. One girl was approved subject to her hair being in a satisfactory condition when re-examined.
Dover.........	17	19	Four girls had defective vision, and two girls and one boy were advised to obtain treatment for their defective teeth. It was recommended that one boy should be kept under observation by his new teacher on account of his spine, so that faulty positions might be corrected. Treatment was advised for one boy with slight deafness, and one boy with enlarged tonsils. Approval was postponed and re-examination at a later date was advised in the cases of one boy and one girl—the boy's hearing was very defective, and the girl presented some enlarged glands under the jaw which were under medical treatment.
Ramsgate ...	14	25	Two girls were recommended to obtain dental treatment. Two girls were approved subject to their obtaining suitable spectacles, and a third girl was informed that spectacles were probably necessary. One girl was advised to obtain treatment for flat-foot, and one boy will be kept under observation on account of his spine, so that incorrect postures may be corrected. Breathing exercises and open air were recommended in the case of one girl who was narrow chested and thin.

Centre at which examined.	Number Examined.		OBSERVATIONS.
	Boys.	Girls.	
Dartford ...	35	34	Eight girls and five boys had defective vision, and ten boys and eight girls were recommended to obtain treatment for their defective teeth. Re-examination was required in the case of two girls whose pulmonary condition was unsatisfactory. One girl was approved subject to treatment being obtained for an eczematous condition of the scalp, one girl was advised to have her ears syringed, and one girl was in need of special breathing exercises. A confidential communication was sent to two girls whose heads were in an unsatisfactory condition.
Tonbridge ...	21	39	Six boys and seventeen girls were recommended to obtain dental treatment, while in addition one boy was directed to pay more attention to the care of his teeth. Two girls were recommended to obtain treatment on account of their anæmic condition, and two boys and six girls had defective vision. Two boys were in need of attention for their ears, and special physical exercises were advised for one boy who was a mouth breather.
Rochester ...	30	74	Eleven boys and twenty-seven girls were recommended to obtain treatment for dental caries, and one girl required attention on account of impacted wax in one ear. Special breathing exercises were recommended for one girl and treatment was advised in the case of one girl who was found to be anæmic. Thirteen girls and five boys were recommended to obtain advice and treatment on account of their defective vision, and two of the girls will be re-examined with regard to this condition in twelve months' time. One boy and two girls were approved subject to receiving attention for their defective hearing, and (in one case) discharging ears.
Canterbury	5	23	Fourteen girls and three boys were recommended to obtain treatment for their defective teeth. One girl was advised to obtain spectacles to correct her defective vision, and two boys were passed subject to their obtaining medical treatment for their deafness. One girl who was found to be suffering from heart disease, was awarded the scholarship, but it was pointed out to her parents that she would probably never be passed for a teacher.

Centre at which examined.	Number examined.		OBSERVATIONS.
	Boys.	Girls.	
Bromley and Bexley Heath	3	5	One boy was found to be suffering from ringworm, and his approval was postponed. One boy was recommended for treatment on account of enlarged tonsils and adenoids.
Tonbridge ...		1	Advised to have her eyes tested.
Hythe.........		1	Advised to have one tooth extracted.
	166	258	
	424		

The following table sets out the results of the examination of seven secondary school teachers.

SECONDARY SCHOOL TEACHERS.

Centre at which examined.	Number examined.		OBSERVATIONS.
	Male.	Female.	
Chatham ...		4	One teacher had several decayed teeth, and notice was sent requesting that this condition should receive proper treatment. One teacher was approved subject to her receiving adequate treatment for deafness of both ears; she also presented some degree of flat-foot.
Margate......		1	
Bromley......	1	1	
	1	6	
	7		

Return showing the Physical Condition of Children Inspected.

Condition.		Entrants.				Leavers.				Total.				Special Cases.		
		Boys.	Girls.	Total.	Per cent.	Boys.	Girls.	Total.	Per cent.	Boys.	Girls.	Total.	Per cent.	Boys.	Girls.	Total.
Total Inspected		4591	4615	9206	—	3972	3996	7968	—	8563	8611	17174	—	988	975	1963
Clothing	Satisfactory ...	3881	4011	7892	85·7	3315	3477	6792	85·2	7196	7488	14684	85·5	—	—	—
	Unsatisfactory ...	710	604	1314	14·3	657	519	1176	14·8	1367	1123	2490	14·5	—	—	—
Footgear	Satisfactory ...	4194	4270	8464	91·9	3618	3670	7288	91·4	7812	7940	15752	91·7	—	—	—
	Unsatisfactory ...	397	345	742	8·1	354	326	680	8·6	751	671	1422	8·3	—	—	—
Cleanliness of Head	Clean (i.e., no nits or pediculi.)	4198	3738	7936	86·2	3706	3133	6839	85·9	7904	6871	14775	86·1	—	—	—
	Nits only ... Pediculi... ...	393	877	1270	13·8	266	863	1129	14·1	659	1740	2399	13·9	18	103	121
Cleanliness of Body	Clean	4083	4132	8215	89·2	3570	3604	7174	90·0	7653	7736	15389	89·6	—	—	—
	Dirty ... ... Pediculi present	508	483	991	10·8	402	392	794	10·0	910	875	1785	10·4	—	—	—
Nutrition	Excellent ... Normal	4202	4275	8477	92·0	3582	3586	7168	90·0	7784	7861	15645	91·1	—	—	—
	Below Normal ...	381	334	715	7·8	389	402	791	9·9	770	736	1506	8·8	12	3	15
	Bad	8	6	14	0·2	1	8	9	0·1	9	14	23	0·1	0	0	0
Nose & Throat	No defect ...	3504	3593	7097	77·0	3250	3216	6466	81·1	6754	6809	13563	79·0	—	—	—
	Mouth Breathers	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Tonsils: slightly enlarged ... Tonsils: much enlarged ... Adenoids: slight ,, marked	1087	1022	2109	23·0	722	780	1502	18·9	1809	1802	3611	21·0	176	177	353
External Eye Disease	No disease ...	4515	4532	9047	98·2	3914	3931	7845	98·4	8429	8463	16892	98·4	—	—	—
	Blepharitis ...	40	44	84	1·0	26	25	51	0·6	66	69	135	0·7	21	29	50
	Conjunctivitis ...	7	12	19	0·2	8	12	20	0·3	15	24	39	0·2			
	Corneal opacities	0	0	0	0·0	2	3	5	0·1	2	3	5	0·03			
	Other disease ...	29	27	56	0·6	22	25	47	0·6	51	52	103	0·6			
Ear Disease	No disease ...	4505	4521	9026	98·0	3694	3727	7421	93·1	8199	8248	16447	95·8	—	—	—
	Obstruction: R. Obstruction: L.	49	58	107	1·2	226	221	447	5·6	275	279	554	3·2	19	16	35
	Otorrhœa: R. ... Otorrhœa: L. ...	37	36	73	0·8	52	48	100	1·3	89	84	173	1·0	36	19	55
	Other disease ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Teeth	Sound	2127	2203	4330	47·0	1665	1812	3477	43·6	3792	4015	7807	45·4	—	—	—
	Less than four decayed ... Four or more decayed	2464	2412	4876	53·0	2307	2184	4491	56·4	4771	4596	9367	54·6	40	31	71
	Sepsis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Heart and circulation ...	No disease ...	4513	4547	9060	98·4	3874	3872	7746	97·2	8387	8419	16806	97·9	—	—	—
	Organic disease Functional disease ...	33	36	69	0·8	63	64	127	1·6	96	100	196	1·1	16	18	34
	Anæmia... ...	45	32	77	0·8	35	60	95	1·2	80	92	172	1·0	10	10	20
	Other defect ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Lungs ...	No disease ...	4480	4484	8964	97·3	3913	3937	7850	98·5	8393	8421	16814	97·9	—	—	—
	Chronic Bronchitis & Bronchial Catarrh	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Tuberculosis ...	2	5	7	0·1	6	5	11	0·1	8	10	18	0·1	10	7	17
	Tuberculosis suspected ...	3	5	8	0·1	11	13	24	0·3	14	18	32	0·2	10	8	18
	Other disease ...	106	121	227	2·5	42	41	83	1·1	148	162	310	1·8	26	18	44
Nervous system	No disease ...	4588	4615	9203	99·97	3963	3992	7955	99·84	8551	8607	17158	99·9	—	—	—
	Epilepsy (major or minor) ...	2	0	2	0·02	6	3	9	0·11	8	3	11	0·06	9	6	15
	Chorea ...	1	0	1	0·01	3	1	4	0·05	4	1	5	0·02	7	4	11
	Other disease ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Skin	No disease ...	4537	4587	9124	99·1	3960	3985	7945	99·71	8497	8572	17069	99·4	—	—	—
	Ringworm: body Ringworm: head	24	11	35	0·4	7	1	8	0·1	31	12	43	0·25	34	30	64
	Impetigo ...	15	13	28	0·3	5	7	12	0·15	20	20	40	0·23	27	10	37
	Scabies ... ... Other disease ...	15	4	19	0·2	0	3	3	0·04	15	7	22	0·12	4	2	6
Rickets	No disease ...	4549	4600	9149	99·4	3963	3992	7955	99·84	8512	8592	17104	99·6	—	—	—
	Slight ... ... Marked	42	15	57	0·6	9	4	13	0·16	51	19	70	0·4	5	3	8
Deformities	No deformity ...	4551	4583	9134	99·2	3918	3935	7853	98·6	8469	8518	16987	98·9	—	—	—
	Deformity present ...	40	32	72	0·8	54	61	115	1·4	94	93	187	1·1	19	21	40
Tuberculosis non-pulmonary	No disease ...	4586	4608	9194	99·9	3970	3994	7964	99·95	8556	8602	17158	99·9	—	—	—
	Glandular ... Bones and joints Other forms ...	5	7	12	0·1	2	2	4	0·05	7	9	16	0·1	9	5	14
Speech	Not defective ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Defective articulation ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Stammering ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Mental Condition	Normal	4531	4582	9113	99·0	3882	3898	7780	97·64	8413	8480	16893	98·4	—	—	—
	Dull or backward	57	30	87	0·9	80	97	177	2·22	137	127	264	1·5	27	22	49
	Mentally defective (all grades)	3	3	6	0·1	10	1	11	0·14	13	4	17	0·1	19	8	27